

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N03000007959

**Entity Name:** THE CORAL GABLES MUSEUM, CORP.

**Current Principal Place of Business:**

285 ARAGON AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

285 ARAGON AVE  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-0077412

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPUCHES, CHRISTOPHER B  
285 ARAGON AVE  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** /S/ CHRISTOPHER B. SPUCHES

12/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE-CHARIMAN  
Name SPUCHES, CHRISTOPHER  
Address 55 ALHAMBRA PLAZA  
SUITE 800  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name RODRIGUEZ, MANUEL  
Address 285 ARAGON AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name JACKSON, JOE  
Address 285 ARAGON AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN  
Name VALDES-FAULI, JOSE  
Address 285 ARAGON AVENUE  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER SPUCHES

VICE CHAIRMAN

12/21/2021

Electronic Signature of Signing Officer/Director Detail

Date