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.

PRESIDENT

SIGNATURE: FACUNDO L. BACARDI

# Name and Address of Current Registered Agent:

LORIE, CATHERINE H 1515 SUNSET DRIVE PH CORAL GABLES, FL 33143 US

FEI Number: 20-4763176

DOCUMENT# N0500007844

1515 SUNSET DRIVE PH CORAL GABLES, FL 33143

Current Mailing Address: 1515 SUNSET DRIVE PH

CORAL GABLES. FL 33143 US

**Current Principal Place of Business:** 

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:

Electronic Signature of Registered Agent

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FACUNDO AND AMALIA BACARDI FOUNDATION, INC.

### Officer/Director Detail :

Title	PD	Title	VPD
Name	BACARDI, FACUNDO L.	Name	BACARDI, FACUNDO L.
Address	1515 SUNSET DRIVE PH	Address	1515 SUNSET DRIVE PH
City-State-Zip:	CORAL GABLES FL 33143	City-State-Zip:	CORAL GABLES FL 33143

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### Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

### FILED Apr 22, 2022 Secretary of State 8479250237CC

Date

04/22/2022