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: FACUNDO L. BACARDI

Electronic Signature of Signing Officer/Director Detail

#### Electronic Signature of Registered Agent

SIGNATURE:

Officer	/Director	Detail	:

Title	PD	Title	VPD
Name	BACARDI, FACUNDO L.	Name	BACARDI, ELIZABETH 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

2023 FLORIDA NOT FOR	PROFIT CORPORATION	ANNUAL REPORT

### DOCUMENT# N0500007844

Entity Name: FACUNDO AND AMALIA BACARDI FOUNDATION, INC.

## **Current Principal Place of Business:**

1515 SUNSET DRIVE PH CORAL GABLES, FL 33143

# **Current Mailing Address:**

1515 SUNSET DRIVE PH CORAL GABLES. FL 33143 US

# FEI Number: 20-4763176

# Name and Address of Current Registered Agent:

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

er/Director Detail :					
	PD	Title	VPD		
	BACARDI, FACUNDO L.	Name	BACARDI, ELIZABETH L.		
SS	1515 SUNSET DRIVE PH	Address	1515 SUNSET DRIVE PH		

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.

PRESIDENT

FILED Apr 25, 2023 Secretary of State 8888428886CC

Certificate of Status Desired: No

Date

04/25/2023

Date