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: LAZARO RIVERO

I

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 1400 N.W. 19TH STREET

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FACUNDO RIVERO PERFORMING ARTS, INC.

507 MIAMI, FL 33125

Current Mailing Address:

DOCUMENT# N0600002498

1400 N.W. 19TH STREET 507 MIAMI, FL 33125 US

FEI Number: 20-4388906

Name and Address of Current Registered Agent:

RIVERO, LAZARO 1400 N.W. 19TH STREET 507 MIAMI, FL 33125 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.

		• •	u	
SIGNATURE	E: LAZARO RIVERO			02/07/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PSTD	Title	VPD	
Name	RIVERO, LAZARO	Name	MILLA, AMAURY	
Address	1400 N.W. 19TH STREET	Address	19573 N.W. 62ND PLACE	
	507	City-State-Zip:	MIAMI FL 33015	
City-State-Zip:	MIAMI FL 33125			
Title	VPD			
Name	ARGUELLES, INDIGA			
Address	9965 SW 2ND TERRACE			
City-State-Zip:	MIAMI FL 33174			

DIRECTOR

02/07/2019

FILED Feb 07, 2019 Secretary of State 3129921794CC

Certificate of Status Desired: No

Date