2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2015
Secretary of State
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Entity Name: THE ARHMF FOUNDATION, INC.

Current Principal Place of Business:

2525 PONCE DE LEON BLVD., SUITE 1225
CORAL GABLES, FL 33134

Current Mailing Address:

2525 PONCE DE LEON BLVD., SUITE 1225
CORAL GABLES, FL 33134

FEI Number: 46-1048810

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD., SUITE 1225
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	D
Name	AVILA, ALCIDES I	Name	RODRIGUEZ, WILFREDO A
Address	2525 PONCE DE LEON BLVD., SUITE 1225	Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	D	Title	D
Name	HERNANDEZ, EUGENIO	Name	MENA, DANIEL O
Address	2525 PONCE DE LEON BLVD., SUITE 1225	Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	D	Title	D
Name	FERRI, MARCO	Name	GARRO, ASNARDO
Address	2525 PONCE DE LEON BLVD., SUITE 1225	Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134	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: ALCIDES I. AVILA DIRECTOR 02/19/2015

Electronic Signature of Signing Officer/Director Detail — Date