Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9200000756

Entity Name: CUBAN BANKING STUDY GROUP, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0378834

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC 2525 PONCE DE LEON BLVD. 1225 CORAL GABLES, FL 33134 US FILED Aug 31, 2023 Secretary of State 2450370566CC

Certificate of Status Desired: No

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	: ALCIDES I AVILA			08/31/2023		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	DIRECTOR	Title	D			
Name	CAPABLANCA, FERNANDO A	Name	SALAZAR-CARRILLO, JORGE			
Address	2525 PONCE DE LEON BLVD. 1225	Address	2525 PONCE DE LEON BLVD. 1225			
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134			
Title	D	Title	D, VP			
Name	LASAGA, MANUEL	Name	DEL BUSTO, JUAN			
Address	2525 PONCE DE LEON BLVD. 1225	Address	2525 PONCE DE LEON BLVD. 1225			
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134			
Title	D, SECRETARY	Title	D/T			
Name	AVILA, ALCIDES	Name	GARRIGO, JOSE R			
Address	2525 PONCE DE LEON BLVD. 1225	Address	2525 PONCE DE LEON BLVD. 1225			
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134			
Title	D, VP	Title	D			
Name	FERNANDEZ-GUZMAN, CARLOS R.	Name	VEGA, MARIA GRISEL			
Address	2525 PONCE DE LEON BLVD. 1225	Address	2525 PONCE DE LEON BLVD. 1225			
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134			

Continues on page 2

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: ADOLFO HENRIQUES

PRESIDENT

Officer/Director Detail Continued :

Title	D	Title	DIRECTOR, PRESIDENT, CHAIRMAN
Name	IGLESIAS, ABEL	Name	HENRIQUES, ADOLFO
Address	2525 PONCE DE LEON BLVD. 1225	Address	2525 PONCE DE LEON BLVD. 1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	DIRECTOR
Name	KERBEL, MARCOS	Name	VALDES-FAULI, GONZALO
Address	2525 PONCE DE LEON BLVD. 1225	Address	2525 PONCE DE LEON BLVD. 1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	DIRECTOR
Name	GARCIA-VELEZ, CALIXTO	Name	CUETO, JOSE
Address	2525 PONCE DE LEON BLVD. SUITE1225	Address	2525 PONCE DE LEON BLVD. SUITE1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134