2023 FLORIDA NOT FOR PROFIT CORPORATION 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

The above named entity submits this statement for the numero of changing its registered effice or registered agent, or both in the State of Elevida

The above named	l entity submits this statement for the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Flo	orida.
SIGNATURE	ALCIDES I AVILA			01/06/2023
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor 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	

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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	01/06/2023
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Jan 06, 2023 Secretary of State 5477651937CC

Certificate of Status Desired: No

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	MASVIDAL, SERGIO	Name	KERBEL, MARCOS
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	VALDES-FAULI, GONZALO	Name	GARCIA-VELEZ, CALIXTO
Address	2525 PONCE DE LEON BLVD. 1225	Address	2525 PONCE DE LEON BLVD. SUITE1225
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	ASST. SECRETARY
Name	CUETO, JOSE	Name	ALVAREZ-MENA, SERGIO
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Address	2525 PONCE DE LEON BLVD. SUITE1225	Address	2525 PONCE DE LEON BLVD. 1225