

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000000756

Entity Name: CUBAN BANKING STUDY GROUP, INC.**Current Principal Place of Business:**MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
MIAMI, FL 33131**Current Mailing Address:**MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 US**FEI Number:** 65-0378834**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAW CENTER OF THE AMERICAS, LLC
MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 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:** GEORGE R. HARPER, MGRP

01/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/P
Name CAPABLANCA, FERNANDO A
Address MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title D/S
Name HARPER, GEORGE R
Address MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title D/AS
Name HARPER, STEVEN M
Address MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title D
Name SALAZAR-CARRILLO, JORGE
Address MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title D
Name LASAGA, MANUEL
Address MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title D
Name DEL BUSTO, JUAN
Address MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title D
Name AVILA, ALCIDES
Address MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title D
Name GARRIGO, JOSE R
Address MIAMI CENTER - SUITE 800
201 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

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: GEORGE R. HARPER**SECRETARY**

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date