

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002743

Entity Name: THE BACARDI FAMILY FOUNDATION, INC.**Current Principal Place of Business:**

% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Current Mailing Address:

599 DICE ST #A
CHARLOTTESVILLE, VA 22903

FEI Number: 54-1854752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DP
Name KEVIN, O'BRIEN A
Address 704 LOCUST AVENUE
City-State-Zip: CHARLOTTESVILLE VA 22902

Title DS
Name SIMON, MARLENA L
Address 599 DICE ST
City-State-Zip: CHARLOTTESVILLE VA 22903

Title DT
Name OBRIEN, ROBERT A
Address 4711 24TH RD N
City-State-Zip: ARLINGTON VA 22207

Title D
Name CHRYSLER, ANA M
Address 88 HERRICK RD
City-State-Zip: SOUTH HAMPTON NY 11968

Title D
Name MUSSO, CARLOS
Address 6701 NW 7TH ST SUITE 125
City-State-Zip: MIAMI FL 33126

Title D
Name FERNANDEZ, FREDRICO
Address 3301 PONCE DE LEON BLVD, SUITE 200
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: KEVIN A O'BRIEN

DP

02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date