

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003526

Entity Name: THE HERZFELD CARIBBEAN BASIN FUND, INC.**Current Principal Place of Business:**119 WASHINGTON AVE
SUITE 504
MIAMI BEACH, FL 33139**Current Mailing Address:**119 WASHINGTON AVE
SUITE 504
MIAMI BEACH, FL 33139 US**FEI Number:** 65-0396889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERZFELD, ERIK M
119 WASHINGTON AVE
SUITE 504
MIAMI BEACH, FL 33139 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:** ERIK M HERZFELD

03/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HERZFELD, THOMAS J
Address 119 WASHINGTON AVE
SUITE 504
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name LIEFF, ANN
Address 119 WASHINGTON AVE
SUITE 504
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name GONDOR, CECILIA
Address 119 WASHINGTON AVE
SUITE 504
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name TATUM, KAY
Address 119 WASHINGTON AVE
SUITE 504
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name GELETY, JOHN
Address 119 WASHINGTON AVE
SUITE 504
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT
Name HERZFELD, ERIK
Address 119 WASHINGTON AVENUE
SUITE 504
City-State-Zip: MIAMI BEACH FL 33139

Title CHIEF COMPLIANCE OFFICER, ASST.
SECRETARY
Name MORGAN, THOMAS K
Address 119 WASHINGTON AVE
SUITE 504
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER
Name RICHMOND, ZACHARY P.
Address 119 WASHINGTON AVE
SUITE 504
City-State-Zip: MIAMI BEACH FL 33139

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS K. MORGANCHIEF COMPLIANCE
OFFICER

03/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	THAM, ALICE H.
Address	119 WASHINGTON AVE SUITE 504
City-State-Zip:	MIAMI BEACH FL 33139