2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003526

Entity Name: THE HERZFELD CARIBBEAN BASIN FUND, INC.

FILED
Jun 13, 2019
Secretary of State
9226771243CC

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 06/13/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CP Title D

Name HERZFELD, THOMAS J Name LIEFF, ANN

Address 119 WASHINGTON AVE Address 119 WASHINGTON AVE

SUITE 504 SUITE 504

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title D Title D

Name GONDOR, CECILIA Name TATUM, KAY

Address 119 WASHINGTON AVE Address 119 WASHINGTON AVE

SUITE 504 SUITE 504

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title D Title PRESIDENT

Name GELETY, JOHN Name HERZFELD, ERIK

Address 119 WASHINGTON AVE Address 119 WASHINGTON AVENUE

SUITE 504 SUITE 504

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title CHIEF COMPLIANCE OFFICER

Name MORGAN, THOMAS K
Address 119 WASHINGTON AVE

SUITE 504

City-State-Zip: MIAMI BEACH FL 33139

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 MORGAN CHIEF COMPLIANCE 06/13/2019
OFFICER

Electronic Signature of Signing Officer/Director Detail

Date