## **ANNUAL REPORT**

## **DOCUMENT #817533**

1. Entity Name

VERTIENTES-CAMAGUEY SUGAR COMPANY OF CUBA

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**FILED** May 20, 2008 8:00 am Secretary of State

05-20-2008 90005 031 \*\*\*558.75

		•		No.	j			
Principal Place	of Business	Mailing Address	·					
1111 LINCOL	N ROAD	1111 LINCOLN ROAD						
<b>SUITE #400</b>		400			<b>.</b>			
Miami Beach	I, FL 33139 US	MIAMI BEACH, FL 331	39 US		1 (1979) (1979)	### 12221 2022 #122 Hz	בות הואות וועום וושום מושום הואות	19 <b>11</b> 11 1 <b>1 1</b> 1 1
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address						
4			·	-		ak en en si is	erne eran fracë filim billin kil	KIESY H (ES)
Suite, Apt. #, etc.		Suite, Apt. ≢, etc.			05152008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numbe 98-0002			oplied For of Applicable	
Zip	Country Zip Cou		Country	,	5. Certificate	of Status Desired	\$8.75 Add	ditional
	Registered Agent			7. Name and	Address of New R	egistered Agent		
			•	Name 11/14	LA VAR	A		
KNOPKE,		┢			r is Not Acceptable	1		
FOURTH		<u> </u>	JU VERT	ENTES-CA	HAGUEY S	WHIK Co. Ju	17= 400	
MIAMI BEACH, FL 33139				1111 Li	ucola Rom	b O		
	/		r	City Ar .	. Krach		FL Zip.5	9 29
8. The above	named entity submits this statement for	or the nursonse of changing its	registered	office or regis	tered agent or hot	h in the State of Flo		and accept
	ions of registered agent.	and perpendicularitying inc		· •• •	and again, or our	, III 010 Olulo 01 110	-104. 1 4111 1211111441 WAI,	and accept
SIGNATURE	Michaele	A MIC	YATEL	A. VAR	ET.	MA	4/5,2008	
SIGNATURE	Signature, typed or printed name of registered agent	<u> </u>	<u> </u>		ked when reinstating)		DATE	
	=							
	LE NOW!!! FEE IS \$550.00 ue by September 12, 2008	9. Election Campa Trust Fund Cont			5.00 May Be dded to Fees			
	de by September 12, 2006							
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
TITLE	C	Delete	TITLE	D			Change Change	Addition
NAME STREET ADDRESS	MANHEIM, GRANT 45 CLEVELAND SQUARE		NAME	ADDRESS				
CITY-ST-ZIP	LONDON, ENGLAND, w2 6 da		CITY-S					
TITLE	DVS	☐ Delete	TITLE	DP	<del>,</del>		Change	☐ Addition
NAME	VARET, MICHAEL A.	C Ocks	NAME	17				
STREET ADDRESS	1251 AVENUE OF THE AMERIC	AS	STREET	ADDRESS 40	DLA PIPER,	1251 Ave of 1	the Americas	
CATY-ST-ZIP	NEW YORK, NY 10020		CITY-S	T- ZIP				
TITLE	D	☐ Deleta	TITLE				☐ Change	☐ Addition
NAME	BOAZ, ANDREW		NAME					
STREET ADDRESS	135 EAST 57TH ST.			ADDRESS				
CITY-ST-ZIP	NEW YORK, NY		CITY-S	1- ZP		· · · · · · · · · · · · · · · · · · ·		
TITLE	D KATZ BICHARDIA	Deteta	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	KATZ, RICHARD W. 1 KEATS GROVE		NAME	ADDRESS				
CITY-ST-ZIP	HAMPSTEAD, LO		CITY-S					
TITLE	PD	€ Deieta	TITLE		<del></del>		☐ Change	Addition
NAME	KNOPKE, JAMES S.	<u></u>	NAME					
STREET ADDRESS	1111 LINCOLN ROAD		STREET	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL		CRY-S	T-ZIP				
πĿ		☐ Delete	IIILE	0/	7		Change	2 Addition
NAME			NAME	Jo	HU CHEROLL	SI Ave of H	he Amedicas	
STREET ADDRESS				ADDRESS 5757	TUDOK 1	wyork 10	010	
CITY-ST-ZEP	l		CITY-S	ii·zip   //Ł	N YOFK, NO	wyork ,	- L-	

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURF: 10F2

fulled Co MICHAEL A VARET MAY 15, LOOF

212-335-4650

## ANNUAL REPORT

## ATTACHMENT **DOCUMENT #817533** 1. Entity Name VERTIENTES-CAMAGUEY SUGAR COMPANY OF CUBA Mailing Address Principal Place of Business 1111 LINCOLN ROAD 1111 LINCOLN ROAD **SUITE #400** 400 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 40104370 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05152008 Chg-P Applied For City & State City & State 4. FEI Number 98-0002691 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNOPKE, JAMES S Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN RD FOURTH FLOOR MIAMI BEACH, FL 33139 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Detete TITLE ☐ Addition TITLE ☐ Chance MANHEIM, GRANT NAME NAME STREET ADDRESS 45 CLEVELAND SQUARE STREET ADDRESS CITY-ST-70 CITY-ST-ZIP LONDON, ENGLAND, w2 6 da DVS ☐ Delete TITLE ☐ Change ☐ Addition TITLE VARET, MICHAEL A. NAME NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-709 NEW YORK, NY 10020 CUY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE MILE BOAZ, ANDREW NAME NAME STREET ADDRESS 135 EAST 57TH ST. STREET ADDRESS CITY-ST-ZIP **NEW YORK, NY** CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE KATZ, RICHARD W. NAME NAME STREET ADDRESS 1 KEATS GROVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAMPSTEAD, LO Delete MILE ☐ Change ☐ Addition TITLE KNOPKE, JAMES S. NAME NAME STREET ADDRESS 1111 LINCOLN ROAD STREET ADDRESS CATY-ST-ZIP MIAMI BEACH, FL CITY-ST-71P **52** Addition Deteta MILE MILE JUDITH R. MALDONALD NAME NAME 5157 FOOR ILSI Avenue of the Americas STREET ADDRESS STREET ADDRESS CITY-ST-ZIF

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or applemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE: Muchuy

MICHAEL A. VARES MAY 15, 1008

2/2335-4650 -