2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 07, 2001 8:00 am Secretary of State DOCUMENT # N9600005711 THE INSTITUTE FOR DEMOCRACY IN CUBA. INC. 08-07-2001 90022 029 ****61.25 Principal Place of Business Mailing Address 6262 SW 40 ST 6262 SW 40 ST STE. 340 STE. 240 MJAMI FL 33155 MIMMI FL 33155 2. Principal Place of Business 151 S.W. 5 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0716256 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SESIN, LEONARDO V ESQ Street Address (P.O. Box Number is Not Acceptable) 7159 SW 8TH STREET MIAMI FL 33144 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE President Addition TITI F JOSE PEREZ LINARES PENELA, FRAAGISCO JR NAME 1460 NW 107 Avenue, Suite I STREET ADDRESS 7400_SW 34 ST. RD STREET ADDRESS CITY-ST-ZIP 1Miami FL 33155 CITY-ST-ZIP FL. 33172 MiAni TITLE ☐ Delete TITLE ☐ Change Addition SESIN, LEONARDO V NAME NAME STREET ADDRESS 7159 SW 8TH ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144**° CITY-ST-ZIP* * TITLE DIRECTOR TONIO TE ☐ Change Delete TITLE Addition HERNANDEZ-TRUJILLO, FRANCISCO NAME 9921 Costa Lesse Blad. 1452 SW-14 ST STREET ADDRESS STREET ADDRESS Mumi, FC 33178 CITY-ST-7IP MIAMI FL 33145 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DIRECTOR RICARDO BOFILL NAME NAME STREET ADDRESS STREET ADDRESS 1920SW 135T WIAMI A. 33145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: JOSEPHE

changed, or on an attachment with an address, with all other like empowered

305-594-4761