

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010873

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC2268103063**

**Entity Name:** FACUNDO AND ELIZABETH BACARDI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

133 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

133 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 20-2409420

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BACARDI, FACUNDO L  
133 SEVILLA AVENUE  
CORAL GABLES, FL 33134 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 PD  
Name BACARDI, FACUNDO L  
Address 10 EDGEWATER DR APT 15A  
City-State-Zip: CORAL GABLES FL 33133

Title SD  
Name BACARDI, ELIZABETH L  
Address 10 EDGEWATER DR APT 15A  
City-State-Zip: CORAL GABLES FL 33133

Title D  
Name BACARDI, RUBY M  
Address 5830 MAYNADA STREET  
City-State-Zip: CORAL GABLES FL 33146

Title T  
Name LORIE, CATHERINE H  
Address 1001 MANATI AVE  
City-State-Zip: MIAMI FL 33146

*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:** CATHERINE H LORIE

**TREASURER**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date