

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002227

Entity Name: THE JUAN BAUTISTA GUTIERREZ FOUNDATION, INC.**Current Principal Place of Business:**201 S. BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131**Current Mailing Address:**201 S. BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 US**FEI Number:** 26-2437282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW CENTER OF THE AMERICAS, LLC
201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 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 DP
Name GUTIERREZ GUTIERREZ DE BOSCH,
ISABEL ADELA
Address C/O 201 S. BISCAYNE BOULEVARD
SUITE 800
City-State-Zip: MIAMI FL 33131

Title DVP
Name MAYORGA DE GUTIERREZ, MARIA
ESPERANZA
Address C/O 201 S. BISCAYNE BOULEVARD
SUITE 800
City-State-Zip: MIAMI FL 33131

Title DS
Name GUTIERREZ MAYORGA, JUAN JOSE
Address C/O 201 S. BISCAYNE BOULEVARD
SUITE 800
City-State-Zip: MIAMI FL 33131

Title DT
Name BOSCH GUTIERREZ, FELIPE
ANTONIO
Address C/O 201 S. BISCAYNE BOULEVARD
SUITE 800
City-State-Zip: MIAMI FL 33131

Title DAS
Name GUTIERREZ MAYORGA, PATRICIA
Address C/O 201 S. BISCAYNE BOULEVARD
SUITE 800
City-State-Zip: MIAMI FL 33131

Title DAT
Name BOSCH GUTIERREZ DE MARZANO,
MARIA ISABEL
Address C/O 201 S. BISCAYNE BOULEVARD
SUITE 800
City-State-Zip: MIAMI FL 33131

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: JUAN JOSE GUTIERREZ MAYORGA**DIRECTOR, SECRETARY** 04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date