

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

DOCUMENT# N99000006040

**FILED**  
**Jul 27, 2016**  
**Secretary of State**  
**CC0753857322**

**Entity Name:** BARREIRO FOUNDATION INC.

**Current Principal Place of Business:**

1454 SW FIRST STREET  
SUITE 100  
MIAMI, FL 33135

**Current Mailing Address:**

PO BOX 015644  
MIAMI, FL 33101-5644

**FEI Number:** 65-0953039

**Certificate of Status Desired:** Yes

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

BARREIRO, BRUNO A  
1454 SW FIRST STREET  
SUITE 100  
MIAMI, FL 33135 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 SD  
Name DUARTE-VIERA, ANIBAL J  
Address 5835 BLUE LAGONN DR STE 200  
City-State-Zip: MIAMI FL 33126

Title PD  
Name BARREIRO, BRUNO A  
Address 2101 SW 4 AVENUE  
City-State-Zip: MIAMI FL 33129

Title VPD  
Name BARREIRO, ALICIA P  
Address 325 OCEAN DRIVE APT. 510  
City-State-Zip: MIAMI BEACH FL 33139

Title TD  
Name AROSTEGUI, EMILIO  
Address 418 SW 87TH CT  
City-State-Zip: MIAMI FL 33174

*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:** BRUNO A. BARREIRO

**PRESIDENT**

**07/27/2016**

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

\_\_\_\_\_  
Date