

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N97000002743 (9)**  
 1. Corporation Name  
**THE BACARDI FAMILY FOUNDATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>% C T CORPORATION SYSTEM<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> | Mailing Address<br><b>% C T CORPORATION SYSTEM<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> |
|--|--|

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>05/14/1997</b>   |   |
| 4. FEI Number<br><b>54-1854752</b>   | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

|   |  |
|---|--|
| <b>9. Name and Address of Current Registered Agent</b><br><br><b>C T CORPORATION SYSTEM<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> | <b>10. Name and Address of New Registered Agent</b><br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City<br><b>FL</b> <b>85</b> Zip Code |
|---|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ARELLANO, VICTOR JR</b>                | 1.2 NAME  |  |
| STREET ADDRESS             | <b>920 FIFTH AVENUE</b>                   | 1.3 STREET ADDRESS                                    | <b>920 Fifth Avenue</b>  |
| CITY-ST-ZIP                | <b>NEW YORK NY 10021</b>                  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CUTILLAS, MANUEL J</b>                 | 2.2 NAME  |  |
| STREET ADDRESS             | <b>% BACARDI &amp; CO LTD MILLER ROAD</b> | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NASSAU BAHAMAS</b>                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DORIAN, GEORGE</b>                     | 3.2 NAME  | <b>D/S</b>   |
| STREET ADDRESS             | <b>3 GROVE ISLES DRIVE, APT PH9</b>       | 3.3 STREET ADDRESS                                    | <b>Dorion, George</b>  |
| CITY-ST-ZIP                | <b>COCONUT GROVE FL 33133</b>             | 3.4 CITY-ST-ZIP                                       | <b>7922 Hunters Grove Drive</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>O'BRIEN, ROBERT A</b>                  | 4.2 NAME  | <b>D/T</b>   |
| STREET ADDRESS             | <b>4620 LEE HIGHWAY SUITE 202</b>         | 4.3 STREET ADDRESS                                    | <b>4620 LEE HIGHWAY, SUITE 212</b>   |
| CITY-ST-ZIP                | <b>ARLINGTON VA 22207</b>                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  | <b>D</b>   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    | <b>Jerry Lindzon</b>   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       | <b>3 Grove Isle Drive, Apt. PH-9</b>   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A O'Brien **28 MAY 98 (703) 527-0260**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037580

CR2E037 (10/97)