

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90456 028 ****61.25

DOCUMENT # N97000002743

1. Entity Name

THE BACARDI FAMILY FOUNDATION, INC.



Principal Place of Business

**% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Mailing Address

**4620 LEE HIGHWAY
SUITE 202
ARLINGTON VA 22207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1854752**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ARELLANO, VICTOR JR	
STREET ADDRESS	FIRST FLOOR FLAT, 17 CADOGAN SQUARE	
CITY-ST-ZIP	LONDON ENGLAND EN 22207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CUTILLAS, MANUEL J	
STREET ADDRESS	WEST BAY STREET AND BLAKE ROAD	
CITY-ST-ZIP	NASSAU BAHAMAS BA 22207	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DORIAN, GEORGE	
STREET ADDRESS	7922 HUNTERS GROVE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OBRIEN, ROBERT A	
STREET ADDRESS	4620 LEE HWY, SUITE 202	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIELSEN, LUCY	
STREET ADDRESS	111 CLARK AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *ROBERT A. O'BRIEN* EXECUTIVE DIRECTOR 4/24/03 703-528-7953

CR2E037 (10/02)