2025 Form 1 - Statement of Financial Interests

Filed with COE: 07/02/2026

General Information

Name: Mr Ariel Fernandez

PID 304008

AGENCY INFORMATION

Organization	Suborganization	Title
Coral Gables	City Commission	

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
City of Coral Gables	254 Minorca Avenue, Coral Gables, FL 33134	City Government
Amazing Views Cabin Rentals	1440 Upper Middle Creek Road, Sevierville, TN 37862	Rental Property
Grande Cayman Resort	7200 North Ocean Blvd, Myrtle Beach, SC 29572	Rental Property
The American Strategies Group, LLC	1825 Ponce de Leon Blvd, #178, Coral Gables, FL 33134	Public Relations

Filed with COE: 07/02/2026

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
The American Startegies Group	The Making Marketing	7430 SW 88 Place, Miami, FL 33173	Marketing
The American Strategies Group	KSB Group, LLC	1850 NW 15TH AVE STE 210, Pompano Beach, FL 33069	Import

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Leased Vehicle	Personal

Filed with COE: 07/02/2026

Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
GM Financial	801 Cherry Street, Ste. 3600, Fort Worth, TX 76102
Roundpoint Mortgage	P.O. Box 19409, Charlotte, NC 28219
Capital One	P.O. Box 30285, Salt Lake City, UT 84130
BMO	P.O. Box 2045, Milwaukee, WI 53201
Congressional Federal Credit Union	P.O. Box 23267, Washington, DC 20026
American Express	P.O. Box 96001, Los Angeles, CA 90096-8000

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Filed with COE: 07/02/2026

Signature of Filer

Ariel Fernandez

Digitally signed: **07/02/2026**

Filed with COE: 07/02/2026