

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2005  
Secretary of State**

DOCUMENT# N03000002267

**Entity Name:** MONTECRISTI INSTITUTE: CENTER FOR ACADEMIC STUDIES AND RESEARCH ON CUBA AND LATIN AMERICA, INC.

**Current Principal Place of Business:**

9200 S. DADELAND BLVD.  
SUITE 404  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9200 S. DADELAND BLVD.  
SUITE 404  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 81-0631212      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHIFFAIN, MICHAEL  
9130 S. DADELAND BLVD  
SUITE 1109, TWO DATRAN CENTER  
MIAMI, FL 33156 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LANS, HECTOR  
Address: 9200 S. DADELAND BLVD., SUITE 404  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: VISOLA, ANTONIO  
Address: 7251 SW 5TH STREET  
City-St-Zip: MIAMI, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HECTOR LANS

PD

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date