

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
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:

101 MADEIRA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

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

New Mailing Address:

101 MADEIRA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134

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: PD (X) Change () Addition
Name: LANS, HECTOR
Address: 101 MADEIRA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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 Chapter 119, 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

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date