

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90150 016 ****61.25

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DOCUMENT # 701842

1. Corporation Name

THE AMERICAN CHAMBER OF COMMERCE OF CUBA IN THE
UNITED STATES, INC.

Principal Place of Business

910 17TH ST. NW
422
WASHINGTON DC 20006
US

Mailing Address

910 17TH ST. NW
422
WASHINGTON D. 20006
US



2. Principal Place of Business

21 910 17th St. NW

Suite, Apt. #, etc.

22 422

City & State

23 Wash DC

Zip

24 20006-2605

Country

25 USA

2a. Mailing Address

26 910 17th St. NW

Suite, Apt. #, etc.

27 422

City & State

28 Wash DC

Zip

29 20006-2605

Country

30 USA

3. Date Incorporated or Qualified

12/27/1960

4. FEI Number

52-1918680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CARLOS R PORRO
1110 BRICKELL AVE #609
MAIMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BARTHOLOMEW, EDWARD L.

STREET ADDRESS 3655 N GLEBE RD

CITY-ST-ZIP ARLINGTON VA 22207

TITLE VD ☐ DELETE

NAME TETZELI, FREDERICK E.

STREET ADDRESS 336 ROSEDALE RD

CITY-ST-ZIP PRINCETON NJ 08540

TITLE SD ☐ DELETE

NAME TRAVIESO-DIAZ, MATIAS F.

STREET ADDRESS 2300 N. ST. NW

CITY-ST-ZIP WASHINGTON DC 20037

TITLE TMD ☐ DELETE

NAME LANSDALE, PHOEBE T.

STREET ADDRESS 3701 INTERNATIONAL DRIVE #332

CITY-ST-ZIP SILVER SPRING MD 20906

TITLE D ☐ DELETE

NAME CARLOS R PORRO

STREET ADDRESS 1110 BRICKELL AVE #609

CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Silver Spring MD

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Phoebe Lansdale* *Dir. & Treasurer 1/7/99 202-833-3548*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)