2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 12, 2004 8:00 am **DOCUMENT # 701842 Secretary of State** 1. Entity Name 02-12-2004 90001 025 \*\*\*\*70.00 THE AMERICAN CHAMBER OF COMMERCE OF CUBA IN THE UNITED STATES, INC. Principal Place of Business Mailing Address 910 17TH ST. NW 910 17TH ST\_NW WASHINGTON DC 20006-2605 WASHINGTON D. 20006-2605 3. Mailing Address 2. Principal Place of Business 10454 PARTHENON COURT 10454 PARTHENON COURT Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State 4. FEI Number BETHESDA, MD 52-1918680 Not Applicable BETHESDA, MD \$8.75 Additional VSA 5. Certificate of Status Desire. 20817 Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name CARLOS R PORRO Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE #430 **MAIMI FL 33131** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition PRESIDENT Delete TITLE Change TITLE LARRY LUXNER HORSEY BARR, SARAH NAME NAME 10454 PARTHENON COURT 4510 DAVENPORT ST NW STREET ADDRESS STREET ADDRESS RETHESDA, MD 20817 WASHINGTON DC 20016 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITI F BARTHOLOMEW, EDWARD L NAME NAME 3615 N GLEBE RD STREET ADDRESS STREET ADDRESS ARLINGTON VA 22207 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE TRAVIESO-DIAZ, MATIAS.F. NAME NAME 2300 N. ST. NW STREET ADDRESS STREET ADDRESS WASHINGTON DC 20037 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE LANSDALE, PHOEBE NAME NAME 3701 INTERNATIONAL DRIVE #332 STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20906 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE PORRO, CARLOS R NAME 1110 BRICKELL AVE #430 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE WEEKLEY, ROBERT NAME 1211 S EADS ST 401 PO BOX 2097 STREET ADDRESS STREET ADDRESS ARLINGTON VA 22202 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling 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 suppliemental 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 ussue entropy and 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. LARRY LUXNER - FEB. 6, 2004 - (301) 365- 1745

FILED