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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90110 031 \*\*\*\*61.25

DOCUMENT # 752377

1. Corporation Name

COMISION INTERAMERICANA DE ESTUDIOS SOBRE ALCOHO  
L, INC.

Principal Place of Business

% HECTOR M. TRUJILLO  
325 RIDGEWOOD ROAD  
CORAL GABLES FL 33133

Mailing Address

% HECTOR M. TRUJILLO  
325 RIDGEWOOD ROAD  
CORAL GABLES FL 33133



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/07/1980

4. FEI Number

59-2126459

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

TRUJILLO, HECTOR SQ  
325 RIDGEWOOD ROAD  
CORAL GABLES FL 33133

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

*Hector Trujillo* (Hector Trujillo)

2/24/99

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 ☐ DELETE  
NAME VD  
STREET ADDRESS TRUJILLO, GLADYS  
CITY-ST-ZIP 325 RIDGEWOOD ROAD  
CORAL GABLES FL

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS TRUJILLO, HECTOR  
CITY-ST-ZIP 325 RIDGEWOOD ROAD  
CORAL GABLES FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS TRUJILLO, HECTOR F.  
CITY-ST-ZIP 325 RIDGEWOOD ROAD  
CORAL GABLES FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS TRUJILLO, HORACIO R.  
CITY-ST-ZIP 325 RIDGEWOOD ROAD  
CORAL GABLES FL

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS MARULANDA, JUAN  
CITY-ST-ZIP 8951 HAWTHORNE AVE  
SURFSIDE FL

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 Medina, Jorge Luis  
1.3 STREET ADDRESS 1450 N.W. 19 AVE. APT. 2A  
1.4 CITY-ST-ZIP MIAMI, FL 33166

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

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:

*Hector Trujillo* (Hector Trujillo)

2/24/99 (305) 667-0887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)