

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90031 015 ****70.00

DOCUMENT # N00000008339



1. Entity Name
**CENTRO DE ESTUDIOS ESPECIALES SOBRE
LATINOAMERICA Y EL CARIBE, INC.**

Principal Place of Business
**438 NW 35 TERR.
MIAMI, FL 33137**

Mailing Address
**2121 PONCE DE LEON BLVD
240
CORAL GABLES, FL 33134**

94021638



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1072518

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **XX** **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARIN, HAYDEE
3910 S.W. 4TH STREET
MIAMI, FL 33134**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD**
STREET ADDRESS **DE LUSIUNCHI, BLANCA**
CITY-ST-ZIP **21011 NE 38 AVE.
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME **PD** ☒ Change ☐ Addition
STREET ADDRESS **DE LUSINCHI, BLANCA**
CITY-ST-ZIP **438 NE 35 TERR
MIAMI, FL 33137**

TITLE
NAME **VPD**
STREET ADDRESS **MARTIN, RAFAEL**
CITY-ST-ZIP **430 NE 35 TERR.
MIAMI, FL 33137** ☐ Delete

TITLE
NAME **VD** ☒ Change ☐ Addition
STREET ADDRESS **MARTIN, RAFAEL**
CITY-ST-ZIP **438 NE 35 TERR
MIAMI, FL 33137**

TITLE
NAME **TD**
STREET ADDRESS **MARIN, LEONOR**
CITY-ST-ZIP **3910 SW 4 ST.
MIAMI, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **SD**
STREET ADDRESS **GARCIA, LORENA**
CITY-ST-ZIP **430 NE 35 TERR.
MIAMI, FL 33137** ☐ Delete

TITLE
NAME **SD** ☒ Change ☐ Addition
STREET ADDRESS **GARCIA, LORENA**
CITY-ST-ZIP **438 NE 35 TERR
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-04

Date

3055736338

Daytime Phone #