


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90323 048 ****61.25

DOCUMENT # N02000000442

1. Entity Name
CONFERENCIA LATINOAMERICANA DE COMPANIAS EXPRESS, INC.



Principal Place of Business
**C/O FRANKLIN H. CAPLAN
 200 S. BISCAYNE BLVD., SUITE 1000
 MIAMI, FL 33313**

Mailing Address
**C/O FRANKLIN H. CAPLAN
 200 S. BISCAYNE BLVD., SUITE 1000
 MIAMI, FL 33313**

2. Principal Place of Business
1212 MARIANA AVE
 Suite, Apt. #, etc.

3. Mailing Address
1212 MARIANA AVE
 Suite, Apt. #, etc.



04282004 Chg-NP CR2E037 (10/03)

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
FL 33134 Country
US

Zip
33134 Country
US

4. FEI Number
75-2984785

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPLAN, FRANKLIN H ESQ.
 BERGER SINGERMAN, P.A.
 200 S. BISCAYNE BLVD., SUITE 1000
 MIAMI, FL 33313**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINSON, PABLO 8400 SW 10 ST STC FORT LAUDERDALE, FL 33329	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, IAN 2230 NW 29 AVE STE 103 MIAMI, FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEVERA, ANA 14701 NW 77TH AVE MIAMI LAKES, FL 330142559	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTEIRO, FRANCISCO X 701 WATERFORD WAY STE 1000 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAND, FRED 8239 NW 36TH STREET STE 116 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL CONNOLLY 1313 FOURTH AVE. NEW HYDE PARK NY 11040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *F. X. Santeiro* **4/29/04** ⁽⁷⁸⁶⁾ **388-2780**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #