FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003011 (4)**

1. Corporation Name

CUBAN SOCIETY OF TOURISM PROFESSIONALS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% NICOLAS CRESPO 330 W HEATHER DR KEY BISCAYNE FL 33149	% NICOLAS CRESPO 330 W HEATHER DR KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified: 07/07/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0450089 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: — Suite, Apt. #, etc. 22: — City & State 23: — Zip 24: — Country 25:

2a. Mailing Address — 26: — Suite, Apt. #, etc. 27: — City & State 28: — Zip 29: — Country 30:

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRESPO, NICOLAS
330 W HEATHER DR
KEY BISCAYNE FL 33149

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☑ Change ☐ Addition
NAME	CRESPO, NICOLAS	12 NAME		
STREET ADDRESS	330 W HEATHER DR	13 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	VP	☑ Change ☐ Addition
NAME	PEREZ, ROBERTO	22 NAME	ROBERTO ARENCIBIA	
STREET ADDRESS	4580 SW 128TH AVE	23 STREET ADDRESS	11077 NW 36 AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	24 CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	MOLINA, MARIE J	32 NAME	MARIE L. DEXTER	
STREET ADDRESS	4580 SW 128TH AVE	33 STREET ADDRESS	330 W. HEATHER DR.	
CITY-ST-ZIP	MIAMI FL 33175	34 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	D	41 TITLE	T	☑ Change ☐ Addition
NAME	STEIN, MICHAEL	42 NAME		
STREET ADDRESS	ONE BISCAYNE TOWER SUITE 2100	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131-1801	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, JOSE A	52 NAME		
STREET ADDRESS	6831 147 AVE SUITE 3H	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	VIDAL, FRANK	62 NAME	JOSE A. MENENDEZ	
STREET ADDRESS	721 GARDEN STATE LANE	63 STREET ADDRESS	14301 SW 74 TERRACE	
CITY-ST-ZIP	KEY LARGO FL 33037	64 CITY-ST-ZIP	MIAMI FL 33183	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: Nicolas Crespo NICOLAS CRESPO 4/21/95 305 761 8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042634