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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 MAY 10 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003011 (4)

1. Corporation Name

CUBAN SOCIETY OF TOURISM PROFESSIONALS, INC.



Principal Place of Business

% NICOLAS CRESPO
330 W HEATHER DR
KEY BISCAYNE FL 33149

Mailing Address

% NICOLAS CRESPO
330 W HEATHER DR
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified
07/07/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0450089

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRESPO, NICOLAS
330 W HEATHER DR
KEY BISCAYNE FL 33149

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

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
CRESPO, NICOLAS
STREET ADDRESS
330 W HEATHER DR
CITY-ST-ZIP
KEY BISCAYNE FL

TITLE ☐ DELETE

NAME
ARENCIBIA, ROBERTO
STREET ADDRESS
11077 NW 36 AVE
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
DEXTER, MARIE L.
STREET ADDRESS
330 W. HEATHER DR.
CITY-ST-ZIP
KEY BISCAYNE FL

TITLE ☐ DELETE

NAME
STEIN, MICHAEL
STREET ADDRESS
ONE BISCAYNE TOWER SUITE 2100
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
GONZALEZ, JOSE A
STREET ADDRESS
6831 147 AVE SUITE 3H
CITY-ST-ZIP
MIAMI FL 33193

TITLE ☐ DELETE

NAME
MENENDEZ, JOSE A.
STREET ADDRESS
14301 SW 74 TERR
CITY-ST-ZIP
MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

305-3418620

Daytime Phone #

CR2E037 (12/95)