

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000003011 (4)**

1. Corporation Name

CUBAN SOCIETY OF TOURISM PROFESSIONALS, INC.

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 33149-18303. Date Incorporated or Qualified
07/07/19933a. Date of Last Report
05/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0450089

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**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **CRESPO, NICOLAS**
STREET ADDRESS **330 W HEATHER DR**
CITY-ST-ZIP **KEY BISCAYNE FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **VP** ☐ DELETE
NAME **ARENCIBIA, ROBERTO**
STREET ADDRESS **11077 NW 36 AVE**
CITY-ST-ZIP **MIAMI FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **DEXTER, MARIE L.**
STREET ADDRESS **330 W. HEATHER DR.**
CITY-ST-ZIP **KEY BISCAYNE FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **T** ☐ DELETE
NAME **STEIN, MICHAEL**
STREET ADDRESS **ONE BISCAYNE TOWER SUITE 2100**
CITY-ST-ZIP **MIAMI FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **GONZALEZ, JOSE A**
STREET ADDRESS **6831 147 AVE SUITE 3H**
CITY-ST-ZIP **MIAMI FL 33193**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **MENENDEZ, JOSE A.**
STREET ADDRESS **14301 SW 74 TERR**
CITY-ST-ZIP **MIAMI FL**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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0030669**

CR2E037 (9/96)