

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90075 029 \*\*\*\*61.25

0031850

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003011**

1. Corporation Name

**CUBAN SOCIETY OF TOURISM PROFESSIONALS, INC.**

Principal Place of Business

% NICOLAS CRESPO  
330 W HEATHER DR  
KEY BISCAVNE FL 33149

Mailing Address

% NICOLAS CRESPO  
330 W HEATHER DR  
KEY BISCAVNE FL 33149



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/07/1993

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

9. Name and Address of Current Registered Agent

CRESPO, NICOLAS  
330 W HEATHER DR  
KEY BISCAVNE 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 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 **P**  
STREET ADDRESS **CRESPO, NICOLAS**  
CITY-ST-ZIP **330 W HEATHER DR**  
**KEY BISCAVNE FL 33149**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ARENCIBIA, ROBERTO**  
CITY-ST-ZIP **11077 NW 36 AVE**  
**MIAMI FL 33167**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DEXTER, MARIE L.**  
CITY-ST-ZIP **330 W. HEATHER DR.**  
**KEY BISCAVNE FL 33149**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PEREZ, ROBERTO**  
CITY-ST-ZIP **4580 S.W. 128TH AVENUE**  
**MIAMI FL 33175**

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MENENDEZ, JOSE A.**  
CITY-ST-ZIP **14301 SW 74 TERR**  
**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 ☐ Change ☐ Addition  
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 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, with all other like empowered.

SIGNATURE:

*Nicolas Crespo*  
**NICOLAS CRESPO, PRESIDENT** 4/12/99 305-3618624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #