2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N93000003011 1. Entity Name 04-19-2004 90266 045 \*\*\*\*61.25 CUBAN SOCIETY OF TOURISM PROFESSIONALS, INC. Principal Place of Business Mailing Address % NICOLAS CRESPO % NICOLAS CRESPO 54036406 330 W HEATHER DR KEY BISCAYNE FL 33149 330 W HEATHER DR KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0450089 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRESPO, NICOLAS Street Address (P.O. Box Number is Not Acceptable) 330 W HEATHER DR **KEY BISCAYNE FL 33149** Zip Code City 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 DATE (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change · ☐ Addition CRESPO, NICOLAS NAME NAME 330 W HEATHER DR STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ARENCIBIA, ROBERTO NAME 11077 NW 36 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33167 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete DEXTER, MARIE L. NAME NAME 330 W. HEATHER DR. STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE PEREZ. ROBERTO NAME NAME 4580 S.W. 128TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition GONZALEZ, JOSE A NAME NAME 6831 147 AVE SUITE 3H STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE MENENDEZ, JOSE A. NAME NAME 14301 SW 74 TERR STREET ADDRESS STREET ADDRESS MIAMI FL C/TY-ST-7IP CITY-ST-ZIP

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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 attackment with an address, with all other like empowered. NICOLAS CRESPO **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR