

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004968 (3)

1. Corporation Name

CUSTOMS TRADE SYMPOSIUM OF THE AMERICAS, INC.



Principal Place of Business

Mailing Address

**5200 BLUE LAGOON DR SUITE 600
MIAMI FL 33126**

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MIAMI FL 33126**

3. Date Incorporated or Qualified

10/06/1994

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0524917

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

**COMPLETE CORPORATE SERVICES INC
5200 BLUE LAGOON DR SUITE 600
MIAMI FL 33126**

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 running)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **SANDLER, GILBERT L**
STREET ADDRESS **5200 BLUE LAGOON DR SUITE 600**
CITY - ST - ZIP **MIAMI FL 33126**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **ALBERTO MARINO SR.**
1.3 STREET ADDRESS **P.O. BOX 522518- 7300 N.W.35th Terrace**
1.4 CITY - ST - ZIP **Miami, Florida 33152**

TITLE **DS** ☒ DELETE
NAME **TRAVIS, THOMAS G**
STREET ADDRESS **5200 BLUE LAGOON DR SUITE 600**
CITY - ST - ZIP **MIAMI FL 33126**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DT** ☐ DELETE
NAME **ROSENBERG, LEONARD L**
STREET ADDRESS **5200 BLUE LAGOON DR SUITE 600**
CITY - ST - ZIP **MIAMI FL 33126**

3.1 TITLE **DPTS** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **GERMAN LEIVA**
4.3 STREET ADDRESS **2305 N.W. 107th Street**
4.4 CITY - ST - ZIP **Miami, Florida 33173**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **William F. Spohrer**
5.3 STREET ADDRESS **3201 N.W. 67th Avenue, C1000**
5.4 CITY - ST - ZIP **Miami, Florida 33152**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **Gerald Lesnik**
6.3 STREET ADDRESS **2401 N.W. 69th Street**
6.4 CITY - ST - ZIP **Miami, Florida 33147**

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

7/31/96 305-267-9200

CR2E037 (12/95)