

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra P. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 20 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004149

1. Corporation Name

CUSTOMS/TRADE/FINANCE SYMPOSIUM OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

**1015 NORTH AMERICAN WAY, SUITE #206
PORT OF MIAMI
MIAMI, FL 33132**

3. Date Incorporated or Qualified

8/8/96

3a. Date of Last Report

NONE FILED

4. FEI Number

65-0687709

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARLES H. JOHNSON
201 S. BISCAYNE BLVD., MIAMI CENTER
10th FLOOR
MIAMI, FL 33131**

81 Name

TODD KOCUREK

82 Street Address (P.O. Box Number is Not Acceptable)

1242 N. DUVAL STREET

83

84 City

TALLAHASSEE

FL

85 Zip Code

32303

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 and am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent or officer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D ☒ DELETE
NAME: MAYO, KAREN
STREET ADDRESS: 1015 NORTH AMERICAN WAY, SUITE 206
CITY-ST-ZIP: MIAMI, FL 33132

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: D, S ☐ Change ☒ Addition
NAME: GAUDY, DENISE C.
STREET ADDRESS: 701 BRICKELL AVENUE, SUITE 800
CITY-ST-ZIP: MIAMI, FL 33131

TITLE: D ☐ DELETE
NAME: LEIVA, GERMAN
STREET ADDRESS: 2305 N.W. 107th AVENUE, SUITE 107
CITY-ST-ZIP: MIAMI, FL 33172

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

TITLE: D, S ☒ Change ☐ Addition
NAME: 9200002188433
STREET ADDRESS: -05/22/97--01096--006
CITY-ST-ZIP: *****61.25 *****61.25

TITLE: D ☐ DELETE
NAME: SANDLER, GILBERT LEE
STREET ADDRESS: 5200 BLUE LAGOON DRIVE
CITY-ST-ZIP: MIAMI, FL 33126

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: D, T ☒ Change ☐ Addition

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: D ☐ Change ☒ Addition
NAME: LESNIK, GERALD
STREET ADDRESS: 2401 N.W. 69 STREET
CITY-ST-ZIP: MIAMI, FL 33147

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: D ☐ Change ☒ Addition
NAME: MARINO, ALBERTO J.
STREET ADDRESS: 7300 N.W. 35th TERRACE
CITY-ST-ZIP: MIAMI, FL 33122

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE: D ☐ Change ☒ Addition
NAME: SPOHRER, B.F.
STREET ADDRESS: 3401 N.W. 67 AVENUE, BLDG. #805
CITY-ST-ZIP: MIAMI, FL 33152

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:

GILBERT LEE SANDLER

4/30/97

(305) 267-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)