


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90225 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004149

1. Corporation Name

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

Principal Place of Business
5600 NW 36 ST., STE 601
MIAMI FL 33132

Mailing Address
PO BOX 590508
MIAMI FL 33159



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/08/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0687709	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOCOUREK, TODD 1242 N. DUVAL STREET TALLAHASSEE FL 32303				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	DS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUDY, DENISE C		1.2 NAME		
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 800		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIVA, GERMAN		2.2 NAME		
STREET ADDRESS	2305 N.W. 107TH AVE., SUITE 107		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP		
TITLE	DTS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDLER, GILBERT LEE		3.2 NAME		
STREET ADDRESS	5200 BLUE LAGOON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESNIK, GERALD		4.2 NAME		
STREET ADDRESS	2401 N.W. 69 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARINO, ALBERTO J		5.2 NAME		
STREET ADDRESS	7300 N.W. 35TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPOHRER, B.F.		6.2 NAME		
STREET ADDRESS	3401 N.W. 67 AVENUE, BLDG. #805		6.3 STREET ADDRESS	D. C. CALLOGLY 5600 NW 36 St., Suite 601 MIAMI, FL 33159	
CITY-ST-ZIP	MIAMI FL 33152		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:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/99

305-871-7910

CR2E037 (1/98)