2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

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1. Entity Name
CUSTOMS/TRADE/FINANCE SYMPOSIUM OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR SUITE 600 MIAMI, FL 33126	5200 BLUE LAGOON DR SUITE 600 MIAMI, FL 33126

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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0687709
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDLER, GILBERT L
5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI, FL 33126

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEREZ-JONES, JOSE
STREET ADDRESS	8050 NW 79TH AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	DP
NAME	LEIVA, GERMAN
STREET ADDRESS	2305 N.W. 107TH AVE., SUITE 107
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DT
NAME	SANDLER, GILBERT LEE
STREET ADDRESS	5200 BLUE LAGOON DRIVE, STE 600
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DS
NAME	SANTEIRO, FRANCISCO X
STREET ADDRESS	701 WATERFORD WAY, STE. 1000
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	MARINO, ALBERTO J
STREET ADDRESS	7300 N.W. 35TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80040-008 61.25

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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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/17/05 305-267-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #