

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000004149

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



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP

CR2E037 (4/06)

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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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02/15/08-80090-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2008

(305) 267-9200

Date

Daytime Phone #