

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004275 (1)**

1. Corporation Name

CUBAN/LATIN AMERICAS CONTINGENCY COMMISSION, INC



Principal Place of Business 1006 NORTH WOODLAND BLVD. DELAND FL 32720	Mailing Address C/O MICHAEL AVERY CAMPUS BOX 8398 DELAND FL 32720-3780
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3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26 C/O MICHAEL AVERY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 BOX 603
City & State 23	City & State 28 DELAND, FL
Zip 24	Country 25
29 32721-0603	30 USA

4. FEI Number 59-3436846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KELLY, WILLIAM C 1006 NORTH WOODLAND BLVD. DELAND FL 32720	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

10. Name and Address of New Registered Agent	

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	
TITLE	<input type="checkbox"/> DELETE
NAME	P AVERY, MICHAEL
STREET ADDRESS	CAMPUS BOX 8398
CITY-ST-ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> DELETE
NAME	V COLEMAN, JAMES F
STREET ADDRESS	POST OFFICE DRAWER 449
CITY-ST-ZIP	DELAND FL 32721
TITLE	<input type="checkbox"/> DELETE
NAME	S KOTAS, TODD E
STREET ADDRESS	1901 MASON AVENUE
CITY-ST-ZIP	DAYTONA BEACH FL 32117
TITLE	<input type="checkbox"/> DELETE
NAME	T KELLY, WILLIAM C
STREET ADDRESS	1006 NORTH WOODLAND BLVD.
CITY-ST-ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	BOX 603 N/A
1.4 CITY-ST-ZIP	DELAND, FL 32721-0603
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6637 LEGEND CLUB
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	000002208130
4.4 CITY-ST-ZIP	-06/11/97--01003--012
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 new attachment with an address.

CR2E037 (9/96)