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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004275

1. Corporation Name

CUBAN/LATIN AMERICAS CONTINGENCY COMMISSION, INC

544639 - 90027 - 7

Principal Place of Business

1006 NORTH WOODLAND BLVD.
DELAND FL 32720

Mailing Address

C/O MICHAEL AVERY
BOX 603
DELAND FL 32721-0603



2. Principal Place of Business

21 **2565 S. OCEAN BLVD #C317**

Suite, Apt. #, etc.

22 **C317**

City & State

23 **PALM BEACH FL**

Zip

24 **33480**

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

08/13/1996

4. FEI Number

59-3436846

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

9. Name and Address of Current Registered Agent

KELLY, WILLIAM C
1006 NORTH WOODLAND BLVD.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name

MICHAEL L. AVERY

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

2565 S. OCEAN BLVD #C317

83

84 City

PALM BEACH

FL

85 Zip Code

33480

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

Michael Kelly

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

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **AVERY, MICHAEL**
STREET ADDRESS **BOX 603 N/A**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ DELETE

NAME **DIMEGLIO, MICHAEL**
STREET ADDRESS **200 S ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32721**

TITLE **S** ☐ DELETE

NAME **COLEMAN, JAMES F**
STREET ADDRESS **POST OFFICE BOX 449 N/A**
CITY-ST-ZIP **DELAND FL 32721**

TITLE **T** ☒ DELETE

NAME **KELLY, WILLIAM C**
STREET ADDRESS **1006 NORTH WOODLAND BLVD.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☒ DELETE

NAME **LEVI, DARIN**
STREET ADDRESS **9327 DANAY ST**
CITY-ST-ZIP **GOTHA FL 34734**

TITLE **D** ☐ DELETE

NAME **ROSETTI, DANIEL**
STREET ADDRESS **305 RODEO CIR**
CITY-ST-ZIP **ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **MICHAEL L. AVERY**
1.3 STREET ADDRESS **2565 S. OCEAN BLVD #C317**
1.4 CITY-ST-ZIP **PALM BEACH, FL 33480**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **TREASURER / DIRECTOR** ☒ Change ☐ Addition

4.2 NAME **TOOD E. KOTAS**
4.3 STREET ADDRESS **8473 LEGEND CLUB**
4.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: *Michael Kelly* **REQUIRED** **APR 10 1999** **4/30/99** **904-228-5922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)