

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 61.25

<b>NOT FOR PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
CLERK OF THE  
DIVISION OF CORPORATIONS

99 AUG -5 AM 10:41

DOCUMENT # N96 000004275

1. Corporation Name

CUBAN/LATIN AMERICAS CONTINGENCY  
COMMISSION, INC.

Principal Place of Business

Mailing Address

2525 S. OCEAN BLVD  
C317  
PALM BEACH, FL  
33480

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

DO NOT WRITE IN THIS SPACE

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL L. AVERY  
2525 S. OCEAN BLVD \*C317  
PALM BEACH, FL 33480

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 607.0502 and 607.1508, 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 607.0505, 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 TREASURER/DIRECTOR ☒ DELETE  
NAME TODD E. KOTAS  
STREET ADDRESS 6473 LEBRON CLUB  
CITY-ST-ZIP WEST PALM BEACH, FL 33412

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 400002953104--9  
1.3 STREET ADDRESS -08/06/99--01087--001  
1.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE P/O ☐ DELETE  
NAME MICHAEL L. AVERY  
STREET ADDRESS 2525 S. OCEAN BLVD #C317  
CITY-ST-ZIP PALM BEACH, FL 33480

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DI MEGLIO, MICHAEL  
STREET ADDRESS 200 S. ORANGE AVE  
CITY-ST-ZIP DELAND, FL 32721

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME COLEMAN, JAMES  
STREET ADDRESS POST OFFICE BOX 449 N/A  
CITY-ST-ZIP DELAND, FL 32720

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ROSETTI, DANIEL  
STREET ADDRESS 305 ROOSEvelt CIR  
CITY-ST-ZIP ORMOND BEACH, FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

7/8/99

904-228-5922

Daytime Phone #

CR2E034 (11/98)