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**Mar 11, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000005789**

1. Corporation Name

**CENTRO DE ESTUDIO PARA UNA OPCION NACIONAL, INC.**

Principal Place of Business

10250 SW 56TH ST. SUITE A-102  
MIAMI FL 33165

Mailing Address

10250 SW 56TH ST. SUITE A-102  
MIAMI FL 33165



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**10/09/1998**

4. FEI Number

☒ 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

**TOME, JAY R**  
**2150 CORAL WAY**  
**SUITE 7A**  
**MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name **TOME, JAY R**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2701 PONCE DE LEON BLVD**  
83 **MEZZANINE LEVEL**  
84 City **CORAL GABLES** FL 85 Zip Code **33134**

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

*Jay Tome* **JAY Tome** **2/15/99**

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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **PD BERMUDEZ, JUAN CARLOS**  
1.3 STREET ADDRESS **10250 SW 56 ST A102**  
1.4 CITY-ST-ZIP **MIAMI FL 33165**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VPD JUAN FERNANDEZ DE CASTRO, JUAN JOSE**  
2.3 STREET ADDRESS **10250 SW 56 ST A102**  
2.4 CITY-ST-ZIP **MIAMI FL 33165**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **T DE CESPEDES, JAVIER**  
3.3 STREET ADDRESS **10250 SW 56 ST A102**  
3.4 CITY-ST-ZIP **MIAMI FL 33165**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **SD GUTIERREZ, ORLANDO**  
4.3 STREET ADDRESS **10250 SW 56 ST A102**  
4.4 CITY-ST-ZIP **MIAMI FL 33165**

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:

*Javier De Cespedes* **JAVIER DE CESPEDES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/99** (305) 279-4466  
Date Daytime Phone #

CR2E037 (11/98)