

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **745429** (1)  
1. Corporation Name  
**INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITICAL COOPERATION, INC.**



Principal Place of Business: P.O. BOX 2 MIAMI FL 33135-0002  
Mailing Address: P.O. BOX 2 MIAMI FL 33135-0002

3. Date Incorporated or Qualified: **12/29/1978**  
3a. Date of Last Report: **05/18/1995**  
4. FEI Number: **59-2195008**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**ARMESTO, ELADIO III**  
**250 SW 34 AVE**  
**MIAMI FL 33135**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 officer 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARMESTO, ELADIO III</b>	
STREET ADDRESS	<b>250 SW 34 AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARMESTO, PEDRO L.</b>	
STREET ADDRESS	<b>250 SW 34 AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SERAFIN, DEBESA</b>	
STREET ADDRESS	<b>7351 SW 113 CIR. PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, JORGE</b>	
STREET ADDRESS	<b>250 SW 34 AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Eladio Armesto* **ELADIO ARMESTO** 2-26-96 305-530-5157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)