

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745429

1. Entity Name

INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITIC

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90043 004 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 2
 MIAMI FL 33135

P O BOX 2
 JOSE MARTI STATION
 MIAMI FL 33135-0002
 US

2. Principal Place of Business

P.O. Box 2

3. Mailing Address

Suite, Apt. #, etc.

JOSE MARTI STATION

Suite, Apt. #, etc.

City & State
 MIAMI, FLORIDA

City & State

4. FEI Number

59-2195008

Applied For

Not Applicable

Zip
 33135-0002

Country
 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARMESTO, ELADIO
 250 SW 34 AVE
 MIAMI FL 33135

7. Name and Address of New Registered Agent

Name
 MIRIAM GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
 250 SW 34 AVE

City
 MIAMI FL Zip Code
 33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Miriam Gonzalez* MIRIAM GONZALEZ 07/01/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMESTO, ELADIO J	
STREET ADDRESS	250 SW 34 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURPHY, HELEN	
STREET ADDRESS	250 SW 34 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERAFIN, DEBESA	
STREET ADDRESS	7351 SW 110 CIR. PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, JORGE	
STREET ADDRESS	250 SW 34 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN ERNESTO CANCHON	
STREET ADDRESS	1813 SW 11 STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARBER J. GONZALEZ	
STREET ADDRESS	250 SW 34 AVE	
CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eladio Armesto* ARMESTO 07/01/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)