

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003390 (0)

1. Corporation Name
ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA (PALM BEACH) INC.



Principal Place of Business
P.O. BOX 7564
W PALM BEACH FL 33405-7564

Mailing Address
P.O. BOX 7564
W PALM BEACH FL 33405-7564

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

3. Date Incorporated or Qualified 07/18/1995	3a. Date of Last Report N/A
4. FEI Number 65-0596309	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418				81 Name	Elizabeth Gutierrez		
				82 Street Address (P.O. Box Number is Not Acceptable)	3365 TACONIC DRIVE		
				83			
				84 City	West Palm Bch	FL	85 Zip Code

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: *Elizabeth Gutierrez*
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	GARCIA, SILVIA C	1.2 NAME	Isasi, Gabriel
STREET ADDRESS	% P.O. BOX 7564	1.3 STREET ADDRESS	ROBERTSON 399 Forest Hill Blvd
CITY-ST-ZIP	W PALM BEACH FL 33405-7564	1.4 CITY-ST-ZIP	W. Palm Bch FL 33405-
TITLE	D	2.1 TITLE	D
NAME	ISASI, MAIRIM	2.2 NAME	Gutierrez, Elizabeth
STREET ADDRESS	% P.O. BOX 7564 399 Forest Hill Blvd	2.3 STREET ADDRESS	P.O. BOX 7564 3365 Taconic Drive
CITY-ST-ZIP	W PALM BEACH FL 33405-	2.4 CITY-ST-ZIP	W. Palm Bch FL 33406
TITLE	D	3.1 TITLE	
NAME	ISASI, GABRIEL IV	3.2 NAME	
STREET ADDRESS	% P.O. BOX 7564 399 Forest Hill Blvd	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33405-	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CONTRERAS, ELENA E	4.2 NAME	
STREET ADDRESS	% P.O. BOX 7564 399 Forest Hill Blvd	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33405-	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	800001892688
NAME	MARTINEZ, LUCIANO	5.2 NAME	-07/12/96--01077--024
STREET ADDRESS	% P.O. BOX 7564 399 Forest Hill Blvd	5.3 STREET ADDRESS	***86.25
CITY-ST-ZIP	W PALM BEACH FL 33405-	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Elizabeth Gutierrez* / Elizabeth Gutierrez
Signature and typed or printed name of signing officer or director

5-3096 (561) 566-3394
Date Daytime Phone #

CR2E037 (12/95)