


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 22 1997 8:00am
 Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000003390 (0)
 1. Corporation Name
ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA (PALM BEACH) INC.



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| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 07/18/1995 | 3a. Date of Last Report 07/11/1996 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0596309 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|-----------|--|--|
| 9. Name and Address of Current Registered Agent GUTIERREZ, ELIZABETH 3365 TACONIC DR. W. PALM BEACH FL 33406 | | 10. Name and Address of New Registered Agent | |
| 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 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 _____ 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 D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE Darlene Carrillo D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ISASI, GABRIEL | | 1.2 NAME | |
| STREET ADDRESS 399 FOREST HILL BLVD. | | 1.3 STREET ADDRESS 1814 ABBEY RD | |
| CITY-ST-ZIP W. PALM BCH FL 33405 | | 1.4 CITY-ST-ZIP W P B, FL 33415 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE George Goyanes D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ISASI, MAIRIM | | 2.2 NAME | |
| STREET ADDRESS 399 FOREST HILL BLVD. | | 2.3 STREET ADDRESS 3365 Taconic DR | |
| CITY-ST-ZIP W PALM BEACH FL 33405-7564 | | 2.4 CITY-ST-ZIP W P B, FL 33406 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE Ramon Vilacino | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ISASI, GABRIEL IV | | 3.2 NAME | |
| STREET ADDRESS 399 FOREST HILL BLVD. | | 3.3 STREET ADDRESS 3365 Taconic DR | |
| CITY-ST-ZIP W PALM BEACH FL 33405-7564 | | 3.4 CITY-ST-ZIP W P B, FL 33406 | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CONTRERAS, ELENA E | | 4.2 NAME | |
| STREET ADDRESS 399 FOREST HILL BLVD. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP W PALM BEACH FL 33405-7564 | | 4.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARTINEZ, LUCIANO | | 5.2 NAME | |
| STREET ADDRESS 399 FOREST HILL BLVD. | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP W PALM BEACH FL 33405-7564 | | 5.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GUTIERREZ, ELIZABETH | | 6.2 NAME | |
| STREET ADDRESS 3365 TASONIC DR. | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP W. PALM BCH. FL 33406 | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE _____ SIGNATURE REQUIRED *06/27/97*

CR2E037 (4/97)