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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31674 (5)
1. Corporation Name
ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA, INC.

Principal Place of Business 14750 NW 77 CT STE 210 MIAMI LKS FL 33016 US	Mailing Address 14750 NW 77 CT STE 210 MIAMI LKS FL 33016 US
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21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/19/1990	
4. FEI Number 58-1333760	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE
WHITE & CASE
200 S. BISCAYNE BLVD., 50TH FLOOR
MIAMI FL 33131**

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

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUEL, DAVID	1.2 NAME	Cardenas, David
STREET ADDRESS	CAIXA POSTAL 753	1.3 STREET ADDRESS	Caixa Postal 1183
CITY-ST-ZIP	SANTA CRUZ, BOLIVIA	1.4 CITY-ST-ZIP	10.100 Campinas, BR
TITLE	ED <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JAMES W	2.2 NAME	
STREET ADDRESS	14750 NW 77 CT., STE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	4 Anderson, Frank VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDENAS, DAVID	3.2 NAME	4 Apartado 103-E1 Trigal, Valencia, EDo
STREET ADDRESS	CAIXA POSTAL 1183	3.3 STREET ADDRESS	Carabobo, Venezuela
CITY-ST-ZIP	10.100 CAMPINAS BR	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	5 STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, FRANK	4.2 NAME	5 Ponce, Pilar
STREET ADDRESS	APARTADO 103-E1 TRIGAL, VALENCIA, EDO,	4.3 STREET ADDRESS	P.O. Box 17 01 157, Urb. Carcelen
CITY-ST-ZIP	CARABOBO, VENEZUELA	4.4 CITY-ST-ZIP	Quito, Ecuador
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONCE, PILAR	5.2 NAME	D Klump, Dennis
STREET ADDRESS	P.O. BOX 17 01 157, URB. CARCELEN	5.3 STREET ADDRESS	Estrada da Gavea, 132
CITY-ST-ZIP	QUITO EC	5.4 CITY-ST-ZIP	22451-260 Rio de Janeiro, Brazil
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, BERT	6.2 NAME	D Apple, Ginger
STREET ADDRESS	APARTADO 290	6.3 STREET ADDRESS	Dublin 1785 Carrasco
CITY-ST-ZIP	MARACAIBO, VENEZUELA	6.4 CITY-ST-ZIP	Montevideo, Uruguay

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.

SIGNATURE: *James W. Morris* James W. Morris, 3/18/98

CR2E037 (10/97)