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04-20-1999 90103 035 ****61.25

0023456

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P31674

1. Corporation Name

ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA, INC.

359554 - 90103 - 35

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/19/1990

4. FEI Number

58-1333760

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

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

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

TITLE PD DELETE
 NAME **CARDENAS, DAVID**
 STREET ADDRESS **CAIXA POSTAL 1183**
 CITY-ST-ZIP **10.100 CAMPINA BR**

TITLE ED DELETE
 NAME **MORRIS, JAMES W**
 STREET ADDRESS **14750 NW 77 CT., STE 210**
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE VD DELETE
 NAME **CARDENAS, DAVID**
 STREET ADDRESS **CAIXA POSTAL 1183**
 CITY-ST-ZIP **10.100 CAMPINAS BR**

TITLE VD DELETE
 NAME **ANDERSON, FRANK**
 STREET ADDRESS **APARTADO 103-E1 TRIGAL, VALENCIA, EDO,**
 CITY-ST-ZIP **CARABOBO, VENEZUELA**

TITLE STD DELETE
 NAME **PONCE, PILAR**
 STREET ADDRESS **P.O. BOX 17 01 157, URB. CARCELEN**
 CITY-ST-ZIP **QUITO EC**

TITLE D DELETE
 NAME **KLUMPP, DENNIS**
 STREET ADDRESS **ESTRADA DA GAVEA, 132**
 CITY-ST-ZIP **RIO DE JANEIRO BR 22451**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D.** Change Addition
 1.2 NAME **Michael Farr**
 1.3 STREET ADDRESS **Carretera Antigua a Puerto**
 1.4 CITY-ST-ZIP **Barranquilla, Colombia**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **D.** Change Addition
 3.2 NAME **David Tully**
 3.3 STREET ADDRESS **Caixa Postal 7.432**
 3.4 CITY-ST-ZIP **01064-970 Sao Paulo, Brazil**

4.1 TITLE **PD** Change Addition
 4.2 NAME **Anderson, Frank**
 4.3 STREET ADDRESS **Apartmento 103-El Trigal**
 4.4 CITY-ST-ZIP **Carabobo, Venezuela**

5.1 TITLE **VD** Change Addition
 5.2 NAME **Ponce, Pilar**
 5.3 STREET ADDRESS **P.O. Box 17 01 157, Urb. Carcelen**
 5.4 CITY-ST-ZIP **Quito, Ecuador**

6.1 TITLE **STD** Change Addition
 6.2 NAME **Mary Jo Heatherington**
 6.3 STREET ADDRESS **Loteamento Patamares**
 6.4 CITY-ST-ZIP **Salvador, Bahia, Brazil**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. MORRIS

4/13/99

Date

Daytime Phone #

CR2E037 (1/98)