

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31674

1. Entity Name

ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90171 044 ****61.25

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 33016-1507 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1333760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAGG, K. LAWRENCE WHITE & CASE 200 S. BISCAYNE BLVD., 50TH FLOOR MIAMI FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
D FARR, MICHAEL CARRETERA ANTIGUA A PUERTO BARRANQUILLA COLUMBIA	PD Cabeza de Vaca, Pilar P.O. Box 17 01 157, Urb. Carcelen Quito, Ecuador
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
ED MORRIS, JAMES W 14750 NW 77 CT., STE 210 MIAMI LAKES FL	VD Tully, David Caixa Postal 7432 Sao Paulo, Brazil 01064-970
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
D TULLY, DAVID CAIXA POSTAL 7432 SAO PAULO BRAZIL 01064-970	D Strommen, Clifford Casila 16211 Correo 9 Santiago, Chile
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
PD ANDERSON, FRANK APARTADO 103-E1 TRIGAL, VALENCIA, EDO, CARABOBO, VENEZUELA	
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
VD PONCE, PILAR P.O. BOX 17 01 157, URB. CARCELEN QUITO ECUADOR	
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
STD HEATHERINGTON, MARY JO LOTEAMENTO PATAMARES SALVADOR BAHIA BRAZIL	

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: JAMES W MORRIS **NO SIGNATURE REQUIRED** 4-25-00 305-821-0345
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)