

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745429 (1)

1. Corporation Name

INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITICAL COOPERATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1978**
3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2195008**
Applied For ☐
Not Applicable ☒

Principal Place of Business
**P.O. BOX 2
MIAMI FL 33135**

Mailing Address
**P.O. BOX 2
MIAMI FL 33135**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**ARMESTO, ELADIO III
250 SW 34 AVE
MIAMI FL 33135**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent or Officer or Director)

(Signature of Registered Agent or Designated Agent or Officer or Director)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ARMESTO, ELADIO III	12 NAME	
STREET ADDRESS	250 SW 34 AVE	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	
TITLE	SD	15 TITLE	☐ Change ☐ Addition
NAME	ARMESTO, PEDRO L.	16 NAME	
STREET ADDRESS	250 SW 34 AVE.	17 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	18 CITY, ST, ZIP	
TITLE	D	19 TITLE	☐ Change ☐ Addition
NAME	SERAFIN, DEBESA	20 NAME	
STREET ADDRESS	7351 SW 113 CIR. PLACE	21 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	22 CITY, ST, ZIP	
TITLE	D	23 TITLE	☐ Change ☐ Addition
NAME	DIAZ, JORGE	24 NAME	
STREET ADDRESS	250 SW 34 AVE.	25 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	26 CITY, ST, ZIP	
TITLE		27 TITLE	☐ Change ☐ Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		35 TITLE	☐ Change ☐ Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY, ST, ZIP		38 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 130.07(3)(b), 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. 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 of this report, or on an attachment with an addendum.

SIGNATURE:

Eladio Armesto III

ELADIO ARMESTO III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-95 305-530-8787

DATE TELEPHONE