FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

745429

(1)

INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITIC AL COOPERATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2 MIAMI FL 33135 P.O. BOX 2 - JOSE MARTI STATION MIAMI FL 33135 - 000 2

FILED May 07 1997 8:00am Secretary of State



							H	2 Data Incorporated as Overlifted	On Date	-614 D		
								3. Date Incorporated or Qualified 12/29/1978		of Last R 05/01/19		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			Applied For	
21				26 P.D. Box 2				59-2195008		No	ot Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc. 27 JOSE MARTI STATION			U	5. Certificate of Status Desired	esired \$8.75 Additional Fee Required			
City & State				City & State				6. Flection Campaign Financing		\$5.00	May Be	
3				28				Trust Fund Contribution Added to Fees				
Zip		Country	Ь.	Zip フラファビュカハムフ		intry		8. This corporation has liability for			. 199.032,	
24		25		29 33 135-0002 30 USA				Florida Statutes Yes No				
	S' Name i	and Address of Co	urrent Hegis	tered Agent	10. Name and Address of New Registered Agent							
						81 Name						
ARMESTO, ELADIO # JOSE						82 Street Address (P.O. Box Number is Not Acceptable)						
250 SW 34 AVE							83					
MIAMI FL 33135												
						84 City				85 Zip (Code	
44 0	- Ab			13 4600 Et 11 0 1		<u> </u>			FL			
Office of re	egi ste red age	ent, or both, in the t	State of Floric	ia. Such change was	authorize	d by the corpo	corpora	ation submits this statement for the p i's board of directors. I hereby accep	ourpose of control	hanging it ntment as	s registered registered	
agent. I ar	m familiar with	h, and accept the o	obligations of	, Section 617.0503, F	lorida Sta	tutes.		,				
SIGNATURE _												
12.	signature, typed o	Printed name of register	ed agoni and title S AND DIREC		13.	d Agent signature re	ednited /	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE COO AND E	NDC CLOC	20 IN 40	
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NAME				- orreit					L	_! Change	Addition	
,					6.2 N	1						
STREET ADDRESS						TREET ADDRESS						
14. I do hereb	v certify that	the information ear	onlige with th	is filing does not ave	■ 6.4 C	exemption sta	ted in	Section 119 07/3)(i) Florida Statuto	e I further e	artific that	the	
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 of 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 of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapter or on an attachmentawith an address.												