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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N96000001406**

1. Corporation Name

COMMERCIAL DISPUTE RESOLUTION CENTER OF THE AMER ICAS, INC.

Principal Place of Business	Mailing Address
1390 BRICKELL AVE SUITE 275 MIAMI FL 33131	1390 BRICKELL AVE SUITE 275 MIAMI FL 33131

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/13/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0652009 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MASON, PAUL E
1390 BRICKELL AVE
SUITE 275
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name JOHN H. ROONEY, JR

82 Street Address (P.O. Box Number is Not Acceptable)
RICE FOWLER L.C.

83 2222 PONCE de LEON BLVD, PH SUITE

84 City CORAL GABLES FL 85 Zip Code 33134

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 _____ JOHN H. ROONEY, JR. _____ Feb 11 1999
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURTON, LANDY	1.2 NAME	
STREET ADDRESS	ONE S.E. 3RD AVE, 28TH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JUNCADELLA, SALVADOR J	2.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 5300	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2339	2. 4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANTOS, JOSE A JR.	3.2 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 3000	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2339	3.4. CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MASON, PAUL E	4. 2 NAME	
STREET ADDRESS	1390 BRICKELL AVE SUITE 275	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MARKUS, ANDREW J	5.2 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD 25TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CAPABLANCA, FERNANDO	6.2 NAME	
STREET ADDRESS	701 BRICKELL AVE STE 2050	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: PAUL E. MASON PAUL E. MASON 2/11/99 (305)372-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #