


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90002 016 ****61.25

DOCUMENT # P31674 1. Entity Name ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA, INC.					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-1333760	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE WHITE & CASE 200 S. BISCAYNE BLVD., 50TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TULLY, DAVID CAIXA POSTAL 7432 SAO PAULO, BRAZIL, 01064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT TULLY, DAVID CAIXA POSTAL 7432 SAO PAULO, BRAZIL 01064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MORRIS, JAMES W 14750 NW 77 CT., STE 210 MIAMI LAKES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KLUMPP, DENNIS AVENIDA ESPANA 1175 ESQ Sgto. MARECOS ASUNCION, PARAGUAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBA, SUSAN MANUEL BENIGNO CUEVA N80-190 QUITO, ECUADOR,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT BARBA, SUSAN MANUEL BENIGNO CUEVA N80-190 QUITO, ECUADOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUMPP, DENNIS SEROE COLORADO ARUBA, DUTCH CARIBBEAN,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER ERIC SPINDLER KM 1, CARRETERA VIA A LA TOSCANA MATURIN, EDO. MONAGAS VENEZUELA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARGENT, WIN APARTADO 62-170 CARACAS, VENEZUELA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JEAN VAHEY FINAL CALLE LA CINTA LAS MERCEDES, CARACAS VENEZUELA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ANDERSON, FRANK CALLE ZULOAGA CRUCE VALENCIA, VENEZUELA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DON BERGMAN CALE NIDO DE AGUILAS 14515 LO BARNECHEA, SANTIAGO CHILE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>J W Morris</i> JAMES W. MORRIS			1/4/05 305-821-0345		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		