


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90213 048 ****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 - No P.O. Box # 12333 NW 18th Street Suite, Apt. #, etc. Suite #5 City & State Pembroke Pines, FL Zip 33026 Country USA		3. Mailing Address 12333 NW 18th Street Suite, Apt. #, etc. Suite #5 City & State Pembroke Pines, FL Zip 33026 Country USA			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P JOHNSTON, WILLIAM <input type="checkbox"/> Delete DE LA HIGUERILLAS Y ALONDRA SECTOR MONETESERRIN, QE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul Poore 12333 NW 18th St. #5 Pembroke Pines, FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input checked="" type="checkbox"/> Delete MORRIS, JAMES W 14750 NW 77 CT., STE 210 MIAMI LAKES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Philip Joslin Andres Ferreyra 4073 1636-La Lucila-Buenos Aires, Argentina	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete BARBA, SUSAN MANUEL BENIGNO CUEVA N80-190 QUITO, ECUADOR,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Craig Johnson 56AS 605 Conjunto E Lotes 34/37 Brasilia, DF CEP 70200-650 Brazil	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VAHEY, JEAN FINAL CALLE LA CINTA, LAS MERCEDES CARACUS,DF 1060 VENEZUELA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete SPINDLER, ERIC KM 1, CARRETERA VIA A LA TOSCANA MATURIN, EDO MONGAS VZ,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERGMAN, DON CALLE NIDO DE AGUILAS 14515 LO BARNECHEA, SANT. CHILE,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/10/07 954-436-4034 Date Daytime Phone #		