

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31674

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA, INC.

**Current Principal Place of Business:**

12333 NW 18TH ST  
SUITE 5  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

12333 NW 18TH ST  
SUITE 5  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

**FEI Number:** 58-1333760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAGG, K. LAWRENCE  
WHITE & CASE  
200 S. BISCAYNE BLVD., 50TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

POORE, PAUL M ED  
12333 NW 18TH STREET  
5  
PEMBROKE PINES, FL 33028 US

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.

SIGNATURE: PAUL M. POORE

01/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSTON, WILLIAM  
Address: DE LA HIGUERILLAS Y ALONDRA  
City-St-Zip: SECTOR MONETESERRIN, QE

Title: ED ( ) Delete  
Name: POORE, PAUL  
Address: 12333 NW 18TH ST SUITE 5  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP ( ) Delete  
Name: JOSLIN, PHILIP  
Address: ANDRES FERR. 4073 1636 LA LUCILA  
City-St-Zip: BUENAS AIRES, ARGENTINA,

Title: D ( ) Delete  
Name: VAHEY, JEAN  
Address: FINAL CALLE LA CINTA, LAS MERCEDES  
City-St-Zip: CARACUS, DF 1060 VENEZUELA,

Title: ST ( ) Delete  
Name: SPINDLER, ERIC  
Address: KM 1, CARRETERA VIA A LA TOSCANA  
City-St-Zip: MATURIN, EDO MONGAS VZ,

Title: D ( ) Delete  
Name: BERGMAN, DON  
Address: CALLE NIDO DE AGUILAS 14515  
City-St-Zip: LO BARNECHEA, SANT. CHILE,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: JOHNSTON, WILLIAM  
Address: DE LA HIGUERILLAS Y ALONDRA  
City-St-Zip: SECTOR MONETESERRIN, QE

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL M POORE

ED

01/07/2008

Electronic Signature of Signing Officer or Director

Date