

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31674

FILED  
Jan 08, 2010  
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:**

POORE, PAUL M ED  
12333 NW 18TH STREET  
5  
PEMBROKE PINES, FL 33026 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JOSLIN, PHILIP T MR  
Address: ANDRES FERR. 4073 1636 LA LUCILA  
City-St-Zip: BUENOS AIRES, AR 000000000 AR

Title: ED  
Name: POORE, PAUL M MR  
Address: 12333 NW 18TH ST SUITE 5  
City-St-Zip: PEMBROKE PINES, FL 330261708 US

Title: VP  
Name: BARBA, SUSAN . MS.  
Address: MANUEL BEBIGNO CUERVA N80-190  
City-St-Zip: QUITO, EC 000000000 EC

Title: SEC  
Name: HERRERA, STEVEN . MR.  
Address: RUA CAJAMAR 35, CHACARA DE BARRA  
City-St-Zip: CAMPINAS, SP 000000000 BR

Title: TR  
Name: PEARSON, WILLIAM . MR.  
Address: AV DR. EUGENIO BERTOLLI, 3900, SANTA FELIC  
City-St-Zip: CURITIBA, PR 000000000 BR

Title: BM  
Name: CARDENAS, DAVID . MR.  
Address: KM 16, VIA LAS PALMOS  
City-St-Zip: ANTIIOGUIA, ME 000000000 CO

I hereby 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 all other like empowered.

SIGNATURE: PAUL M. POORE

ED

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date