

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P31674

**Entity Name:** ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA, INC.**FILED**  
**Jan 28, 2013**  
**Secretary of State**  
**CC7317481092****Current Principal Place of Business:**1911 N.W. 150TH AVE.  
101  
PEMBROKE PINES, FL 33028**Current Mailing Address:**1911 N.W. 150TH AVE.  
101  
PEMBROKE PINES, FL 33028 US**FEI Number: 58-1333760****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**POORE, PAUL MEXE DIR  
1911 NW 150 AVENUE  
101  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES
Name	JOSLIN, PHILIP TMR
Address	ANDRES FERR. 4073 1636 LA LUCILA
City-State-Zip:	BUENOS AIRES AR 00000-0000

Title	VP
Name	BARBA, SUSAN .MS.
Address	MANUEL BEBIGNO CUERVA N80-190
City-State-Zip:	QUITO EC 00000-0000

Title	TR
Name	PEARSON, WILLIAM .MR.
Address	AV DR. EUGENIO BERTOLLI, 3900, SANTA FELIC
City-State-Zip:	CURITIBA PR 00000-0000

Title	ED
Name	POORE, PAUL MMR
Address	12333 NW 18TH ST SUITE 5
City-State-Zip:	PEMBROKE PINES FL 33026-1708

Title	SEC
Name	HERRERA, STEVEN .MR.
Address	RUA CAJAMAR 35, CHACARA DE BARRA
City-State-Zip:	CAMPINAS SP 00000-0000

Title	BM
Name	MARTELL, MICHAEL .MR.
Address	AV COUNTRY CLUB
City-State-Zip:	BARCELONA NA 00000-000

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 POORE****EXECUTIVE DIRECTOR****01/28/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date