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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 10 PM 1:52

DOCUMENT # **720048** **(8)**

1. Corporation Name

ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA (MIAMI), INC.

Principal Place of Business	Mailing Address
250 CATALONIA AVE. #402 CORAL GABLES FL 33134	250 CATALONIA AVE. #402 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1984**
3a. Date of Last Report: **04/04/1994**
4. FEI Number: **23-7182245** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

FERRER, ELISEO J.
250 CATALONIA AVE
S402
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	LASTRA, ALDO	12 NAME	Leslie Pantin
STREET ADDRESS	8265 SW 48 ST	13 STREET ADDRESS	1000 Brickell Ave. #340
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Fl. 33131
TITLE	D	21 TITLE	V= ☒ Change ☐ Addition
NAME	GUILLEN, JOSE L	22 NAME	Rodolfo Pittaluga Sr.
STREET ADDRESS	5900 SW 127 AVE 312	23 STREET ADDRESS	100 N. Biscayne Blvd. #1900
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Fl. 33132
TITLE	D	31 TITLE	T ☒ Change ☐ Addition
NAME	HERNANDEZ, LUIS E	32 NAME	Jorge de Armas
STREET ADDRESS	8565 SW 132 CT	33 STREET ADDRESS	2720 Coral Way
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, Fl. 33145
TITLE	D	41 TITLE	S= ☒ Change ☐ Addition
NAME	MARANTE, OCTAVIO	42 NAME	Luis E. Hernandez
STREET ADDRESS	7351 N.W. 7TH STREET	43 STREET ADDRESS	21 S.E. 1 Ave. #705
CITY-ST-ZIP	MIAMI FL 33126	44 CITY-ST-ZIP	Miami, Fl. 33131
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	BAISMAN, MARGARITA A.	52 NAME	Frank Bolaños
STREET ADDRESS	170 OCEAN LANE DRIVE #712	53 STREET ADDRESS	6101 Blue Lagoon Dr. #300
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	T	61 TITLE	D ☒ Change ☐ Addition
NAME	URRECHAGA, JOSE L.	62 NAME	Osvaldo Delgado
STREET ADDRESS	392 ISLA DORADA BLVD.	63 STREET ADDRESS	790 W. 49 St.
CITY-ST-ZIP	CORAL GABLES FL	64 CITY-ST-ZIP	Hialeah, Fl. 33012

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Leslie Pantin 4/3/95 (305)442-8038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #