

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720048 (8)

1. Corporation Name

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



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

3. Date Incorporated or Qualified: **06/29/1984**
3a. Date of Last Report: **04/10/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	PANTIN, LESLIE
STREET ADDRESS	1000 BRICKELL AVE #340
CITY-ST-ZIP	MIAMI FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	PITTALUGA, RODOLFO S
STREET ADDRESS	100 N. BISCAYNE BLVD. #1900
CITY-ST-ZIP	MIAMI FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DE ARMAS, JORGE
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HERNANDEZ, LUIS E.
STREET ADDRESS	21 SE FIRST AVE #705
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOLANOS, FRANK
STREET ADDRESS	6101 BLUE LAGOON DR #300
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DELGADO, OSVALDO
STREET ADDRESS	790 W 49 ST
CITY-ST-ZIP	HIALEAH FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PITTALUGA, SR. RODOLFO
13 STREET ADDRESS	9875 N.W. 47th TERRACE
14 CITY-ST-ZIP	DORAL, MIAMI, FL. 33156
21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DE ARMAS, JORGE
23 STREET ADDRESS	8529 S.W. 133 PLACE
24 CITY-ST-ZIP	MIAMI, FL. 33183
31 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LASTRA, JR. ALDO
33 STREET ADDRESS	8460 S.W. 147 TERRACE
34 CITY-ST-ZIP	MIAMI, FL. 33158-1966
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DELGADO, OSVALDO
53 STREET ADDRESS	3615 S.W. 8th ST.
54 CITY-ST-ZIP	MIAMI, FL. 33155
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	BORGES, JULIO S.
63 STREET ADDRESS	13371 S.W. 41 Lane
64 CITY-ST-ZIP	MIAMI, FL. 33175

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)(k), 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: _____ **Rodolfo Pittaluga, Sr. 3/25/96(305)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-8038

CR2E037 (12/95)