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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33134-6730**



3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-7182245	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTALUGA, SR R	1.2 NAME	De Armas, Jorge B.
STREET ADDRESS	9875 N.W. 47TH TERRACE	1.3 STREET ADDRESS	8529 S.W. 133 Place
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33183
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMAS, JORGE	2.2 NAME	Baisman, Margarita A.
STREET ADDRESS	8529 S.W. 133 PLACE	2.3 STREET ADDRESS	251 Crandon Blvd. #309
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTRA, JR. A	3.2 NAME	Guillen, Jose L.
STREET ADDRESS	8460 S.W. 147 TERRACE	3.3 STREET ADDRESS	5900 S.W. 127 Ave. #3109
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33183
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS E.	4.2 NAME	
STREET ADDRESS	21 SE FIRST AVE #705	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, OSVALDO	5.2 NAME	Lopez, Ana Maria
STREET ADDRESS	3615 S.W. 8TH ST	5.3 STREET ADDRESS	3205 Village Green Dr.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33175
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, JULIO S	6.2 NAME	Delgado, Osvaldo D.
STREET ADDRESS	13371 S.W. 41 LANE	6.3 STREET ADDRESS	3615 S.W. 8th St.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33155

14. I do hereby certify that the information supplied with this filing 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/20/97 Daytime Phone: 305-442-1058

CR2E037 (9/96)