

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number
23-7182245

Applied For	
Not Applicable	

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

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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	DE ARMAS, JORGE B	1.2 NAME	BAISMAN, MARGARITA A.
STREET ADDRESS	8529 SW 133RD PLACE	1.3 STREET ADDRESS	251 Crandon Blvd. #641
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Key Biscayne, Fl 33149
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAISMAN, MARGARITA A	2.2 NAME	GUILLÉN, JOSE L.
STREET ADDRESS	251 CRANDON BLD. STE 309	2.3 STREET ADDRESS	5900 S.W. 127 Ave. #3109
CITY-ST-ZIP	KEY BISCAIYNE FL	2.4 CITY-ST-ZIP	Miami, Fl 33183
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEN, JOSE L	3.2 NAME	CAULA, ANTONIO, JR.
STREET ADDRESS	5900 SW 127TH AVE. STE 3109	3.3 STREET ADDRESS	5701 Collins Ave. #1710
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, fl 33140
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS E.	4.2 NAME	MENA BLANCH, HILDA M.
STREET ADDRESS	21 SE FIRST AVE #705	4.3 STREET ADDRESS	7945 S.W. 79 Terrace
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fl 33143
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ANA MARIA	5.2 NAME	CEPERO, ALFREDO
STREET ADDRESS	3205 VILLAGE GREEN DR	5.3 STREET ADDRESS	12543 S.W. 79 St.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Fl 33183
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, OSVALDO D	6.2 NAME	GUERRA, JOSEPH M.
STREET ADDRESS	3615 SW 8TH ST	6.3 STREET ADDRESS	840 S.W. 134 Pl
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, Fl 33184

14. I 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 on an attachment with an address.

SIGNATURE: _____ **MARGARITA A. BAISMAN, President 4/1/98 (305) 774-0606**

CR2E037 (10/97)