

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

Mailing Address

**250 CATALONIA AVE. #402
CORAL GABLES FL 33134**

**250 CATALONIA AVE. #402
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERRER, EUSEO 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

Signature, typed or printed name of registered agent and title if applicable

(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
NAME	DE ARMAS, JORGE B	
STREET ADDRESS	8529 SW 133RD PLACE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAISMAN, MARGARITA A.	
1.3 STREET ADDRESS	251 Crandon Blvd. #641	
1.4 CITY-ST-ZIP	Key Biscayne, FL 33149	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAISMAN, MARGARITA A	
STREET ADDRESS	251 CRANDON BLD. STE 309	
CITY-ST-ZIP	KEY BISCAINE FL	

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUILLÉN, JOSE L.	
2.3 STREET ADDRESS	5900 S.W. 127 Ave. #3109	
2.4 CITY-ST-ZIP	Miami, FL 33183	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GUILLEN, JOSE L	
STREET ADDRESS	5900 SW 127TH AVE. STE 3109	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAULA, ANTONIO, JR.	
3.3 STREET ADDRESS	5701 Collins Ave. #1710	
3.4 CITY-ST-ZIP	Miami Beach, FL 33140	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, LUIS E.	
STREET ADDRESS	21 SE FIRST AVE #705	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MENA BLANCH, HILDA M.	
4.3 STREET ADDRESS	7945 S.W. 79 Terrace	
4.4 CITY-ST-ZIP	Miami, FL 33143	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ANA MARIA	
STREET ADDRESS	3205 VILLAGE GREEN DR	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CEPERO, ALFREDO	
5.3 STREET ADDRESS	12543 S.W. 79 St.	
5.4 CITY-ST-ZIP	Miami, FL 33183	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELGADO, OSVALDO D	
STREET ADDRESS	3615 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GUERRA, JOSEPH M.	
6.3 STREET ADDRESS	840 S.W. 134 Pl	
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 or on an attachment with an address.

SIGNATURE:

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

CR2E037 (10/97)