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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720048

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/29/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7182245

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

*E. Ferrer*

3/15/99

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

T CAULA, ANTONIO JR.  
5701 COLLINS AVE. #1710  
MIAMI BEACH FL 33149

DELETE

1.1 TITLE T  
1.2 NAME CEPERO, ALFREDO  
1.3 STREET ADDRESS 12543 S.W. 79th Street  
1.4 CITY-ST-ZIP Miami, Florida 33183

Change  Addition

P BAISMAN, MARGARITA A  
251 CRANDON BLD. STE 309  
KEY BISCAYNE FL 33149

DELETE

2.1 TITLE P  
2.2 NAME GUILLEN, JOSE L.  
2.3 STREET ADDRESS 5900 S.W. 127 Ave. #400  
2.4 CITY-ST-ZIP Miami, Florida 33183

Change  Addition

V GUILLEN, JOSE L.  
5900 SW 127TH AVE. STE 3109  
MIAMI FL 33183

DELETE

3.1 TITLE V  
3.2 NAME LOPEZ, ANA MARIA  
3.3 STREET ADDRESS 3205 Village Green Dr.  
3.4 CITY-ST-ZIP Miami, Florida 33175

Change  Addition

S MENA BLANCH, HILDA M.  
7945 SW 79TH TERRACE  
MIAMI FL 33143

DELETE

4.1 TITLE S  
4.2 NAME KRAMER, LYDIA  
4.3 STREET ADDRESS 9587 S.W. 6 Lane  
4.4 CITY-ST-ZIP Miami, Florida 33174

Change  Addition

D CEPERO, ALFREDO  
12543 SW 79TH ST.  
MIAMI FL 33183

DELETE

5.1 TITLE D  
5.2 NAME LOPEZ, LAZARO  
5.3 STREET ADDRESS 9461 S.W. 53 St.  
5.4 CITY-ST-ZIP Miami, Florida 33165

Change  Addition

D GUERRA, JOSEPH M.  
840 SW 134TH PL  
MIAMI FL 33184

DELETE

6.1 TITLE D  
6.2 NAME ARBOLEYA, CARLOS  
6.3 STREET ADDRESS 1941 S.W. 23 St.  
6.4 CITY-ST-ZIP Miami, Florida 33145

Change  Addition

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, with all other like empowered.

SIGNATURE:

*Jose L. Guillen*  
SIGNATURE REQUIRED  
Signature, typed or printed name of signing officer or director

Jose L. Guillen 3/15/99 (305) 442-8038  
President

Date

Daytime Phone #

CR2E037 (1/198)