


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90225 035 ****61.25

DOCUMENT # 720048

1. Entity 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**

94071366

2. Principal Place of Business
2925 Selgado St.

3. Mailing Address
2925 Selgado St.

Suite, Apt. #, etc.
1D

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
Dade

Zip
33134

Country
Dade



01212004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7182245

Applied For
 Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eliseo J. Ferrer* **4/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, DAYSIE 1819 S.W. 123 COURT MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREJO, DELIO 5240 S.W. 89 PLACE MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEJERA, JUAN 13525 S.W. 23 ST. MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMAS, MARTA 1642 S.W. 138 COURT MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LAZARO 9461 S.W. 53 STREET MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNARDUS, JORGE 9321 S.W. 153 PLACE MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DELIO TREJO 5240 SW 89 PLACE MIAMI FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. RUDY DE LA GUARDIA 10 NW LEJEUNE RD., STE 620 MIAMI FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HORACIO DE FELICE 14341 SW 98 TER MIAMI FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BISMARCK DIAZ 8940 SW 105 STREET MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan Sepia* **Treasurer** **4-20-04 (305)442-8038**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #