

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745429

FILED  
Jan 09, 2004  
Secretary of State

**Entity Name:** INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITICAL COOPERATION, INC.

**Current Principal Place of Business:**

P.O. BOX 2  
JOSE MARTI STATION  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2  
JOSE MARTI STATION  
MIAMI, FL 331350002 US

**New Mailing Address:**

P O BOX 2  
JOSE MARTI STATION  
MIAMI, FL 33135 US

**FEI Number:** 59-2195008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESPINOZA, SARA P  
250 SW 34TH AVENUE  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARMESTO, ELADIO J  
Address: 250 SW 34 AVE  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: MURPHY, HELEN  
Address: 250 SW 34 AVE.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: SERAFIN, DEBESA  
Address: 9429 SW 154 PLACE  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: DIAZ, JORGE  
Address: 250 SW 34 AVE.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: DOMINGUEZ, MARIA L  
Address: 250 SW 34 AVE.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: ESPINOZA, SARA P  
Address: 250 SW 34 AVE.  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA P ESPINOZA

D

01/09/2004

Electronic Signature of Signing Officer or Director

Date