FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N46904

AMIGOS DE LAS AMERICAS, INC.

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		FILEL)
Apr	14	1997	8:00am
Se	cre	tary o	f State



Principal Place	ace of Business Maiting Address		3 femilies til misle mille rätti omtti misli brett							
4415 POST AVE MIAMI BEACH F		4415 POST AVE MIAMI BEACH FL 33140-30	33							
						3. Date Incorporated or Qualified 01/21/1992	3a. Date	of Last 4/17/1		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For]
21		26				65-0306510			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State	9	City & State				6. Election Campaign Financing		\$5.0	O May Be	1
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Co	untry		8. This corporation has liability for			s. 199.032,]
24	25	29	30	.			Yes 💢			
ļ	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Re	gistered Ag	gent		4
				81	Name					l
	, adolfo e			82	Street A	Address (P.O. Box Number is Not Acceptate	ole)			1
701 BRIC	CKELL AVE.									
STE. 300	00			83						
MIAMI FI	L 33131			84	City		FL	85 Zi	Code	1
11. Pursuant office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statut If Florida Such change was a	os, the a	above ed by	named o	corporation submits this statement for the poration's board of directors. I hereby accept		hanging ntment a	its registered as registered	1
SIGNATURE										
	Signature, lyped or printed name of registered agen			ed Agen	t signature i	equired when reinstaling)	DATE			۱,
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				18
TITLE	D	☐ DELETE	1.1 T		ł		L	_] Change	Addition	9
NAME	BYRNE, THOMAS E.		1.2 N		- (15
STREET ADDRESS	5830 SW 73 ST.				ADDRESS					ļň
CITY-ST-ZIP	MIAMI FL	T becere		IZ-YIK	- ZIP			7 01	T May	Įģ
TITLE	PD	DELETE	2.1 7		ŀ		L	Change	☐ Addition	1
NAME	JIMENEZ, ADOLFO E.		2.2 N		- 1					
STREET ADDRESS	4415 POST AVENUE		2.3 S	TREET A	ADDRESS					Į.
CITY-ST-ZIP	MIAMI BEACH FL			CITY-SI	- ZIP					
TITLE	D	☐ DELETE	3.1 T		[L	Change	☐ Addition	
NAME (WEISSBERG, SUSAN		32 N	IAME	- {					
STREET ADDRESS	11745 SW 69 AVENUE		3.3 \$	TREET A	ADDRESS					
CITY-ST-ZIP	MIAMI FL			CITY-ST	- ZIP					
TITLE	D	☐ DELETE	4.1 T	IILE	ľ		L.	Change	☐ Addition	
NAME .	LYONS, NATALIE B.		4.21	NAME	- 1					
STREET ADDRESS	1010 ANDORA AVENUE		4.3 S	TREE1 A	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL			iTY-S1	- 21P				7-1	
TITLE	D	DELETE		5.1 TITLE			L	_ Change	Addition	
NAME	ARCH, STEVE		5.2 N							
STREET ADDRESS	5800 SW 91 STREET		5.3 S	TREET A	DDRESS					1
CITY-ST-ZIP	MIAMI FL			HTY-\$1	- 21P			1		1
TITLE	T	DELETE	6.1 Ti	ITLE			Ĺ	_ Change	Addition	
NAME (FALKENBERG, ULRIKE		62 N	IAME	ĺ					1
STREET ADDRESS	4415 POST AVENUE		6.3 \$	TREET A	DDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		6.4 C	ITY-ST	- ZIP					1

14. I do 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 cortify 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.