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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N46904**

1. Corporation Name

AMIGOS DE LAS AMERICAS, INC.

Principal Place of Business

4415 POST AVE
 MIAMI BEACH FL 33140

Mailing Address

4415 POST AVE
 MIAMI BEACH FL 33140



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/21/1992

4. FEI Number
 65-0306510

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JIMENEZ, ADOLFO E
701 BRICKELL AVE.
STE. 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE DELETE
 NAME **D**
BYRNE, THOMAS E.
 STREET ADDRESS **5830 SW 73 ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME **PD**
JIMENEZ, ADOLFO E.
 STREET ADDRESS **4415 POST AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE DELETE
 NAME **D**
WEISSBERG, SUSAN
 STREET ADDRESS **11745 SW 69 AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME **D**
LYONS, NATALIE B.
 STREET ADDRESS **1010 ANDORA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE
 NAME **D**
ARCH, STEVE
 STREET ADDRESS **5800 SW 91 STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME **T**
FALKENBERG, ULRIKE
 STREET ADDRESS **4415 POST AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

Handwritten Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

305-406-4750

Daytime Phone #

CR2E037 (11/98)