FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #1. Corporation Name

N49697

(8)

ASOCIACION INTERAMERICANA DE CONTABILIDAD, INC.

Principal Place of Business Mailing Address						1881 91811 91811 91811 91811 91811 91811 1891
275 FOUNTAINBLEAU BLVD 275 FOUNTAINBLEAU BLVD			/D			
SUITE 245 SUITE 245			-			
MIAMI FL 331	172	MIAMI FL 33172			3. Date Incorporated or Qualified	3a. Date of Last Report
					07/06/1992	04/28/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0329274	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			6 O 4'S - 1 - 1 O - 1 - D - 1 - 1	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State)	City & State	,, , , , , , , , , , , , , , , , , , , ,		6. Election Campaign Financing	□ \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country		8. This corporation has liability for it	
24	25		30			Yes □ No
	9. Name and Address of Currer	it Hegisterea Agent	81	Name	10. Name and Address of New R	egistered Agent
			61	Name		
ABREU, VICTOR			82	Street Ac	ddress (P.O. Box Number is Not Acceptable	e)
9910 W CALUSA DR			83	· · · · · ·		
MIAMI F	L 33186		63			
			84	City		FL 85 Zip Code
11 Pursuant t	o the provisions of Sections 617.0500	2 and 617 1508 Florida Statutes	the above-	l named com	poration submits this statement for the purp	
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Seci	da. Such change was authorized	by the corp	oration's bo	oard of directors. I hereby accept the appo	piritment as registered agent. I am
SIGNATURE						
SIGNATORIE _	Signature, typed or printed name of registered agen	land the Pappintane (NOTE:	Registered Age	it signature requ	ured when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
T TLE	DP	DELETE	1 1 TITLE		P	Change Addition
NAME	MONTALDO, OSCAR		1.2 NAME		rene A. Fernandez	
STREET ADDRESS	9910 W. CALUSA DRIVE		1 3 STREET	ADDRESS	9910 W. CALUSE CLUB	DIS.
CiTY-ST-ZiP	MIAMI FL	DELETE	14 CITY - 5	ST - ZIP	HIMMI , FL. 33186	Fig. 1 Adds
TITLE	DV	™ nere is	2 1 TITLE		DV	Change Addition
NAME	CASTILLO, ANTONIO		2.2 NAME		ZAMORANO, ENAIGUE	3 3 3 3
STREET ADDRESS	9910 W CALUSA DR				9910 w. couse civi	יום ק
CITY - ST - ZIP	MIAMI FL	TIDELETE .	2 4 CHY-	ST-ZIP	Miggi, Pc. 33186	(Tiethanea Et taldit eo
THILE	D TOOMOOOO HODOOO	Libertit	3 1 TITLE	- B	FRALDS DOLGADO	₹ thange
NAME	TRONCOSO, MORCOS		3.2 NAME		9910 W. CALUSA CLU	e dr.
STREET ADDRESS	9910 W CALUSA DR		3 3 STREE	ADD ILOO	MIAMI , FL. 33186	•
CITY - ST - ZIP	MIAMI FL	DELETE	3.4. C/TY - 4.1 T/JLE	SI-ZIP	Literat 1 Lat 1921	• Addition
TITLE	D CHODANO ENDIQUE			i j	MANIO EstiGARAIBA	Laperiange [_] Addition
NAME	ZOMORANO, ENRIQUE		4 2 NAME		•	
STREET ADDRESS	9910 W CALUSA DR				9910 W. CALUSA CLU M19mi Fi. 33 186	8 8.
CITY - ST - ZIP TITLE	MIAMI FL	DELETE	4 4 CITY - S 5 1 TITLE			☐Change ☐ Addition
NAME	D Westberry, James	(▼] DECENT	5 2 NAME	13	Nergio Paisto	E charge
					9910 W. COLUSE CLUD	Ac:
STREET ADDRESS	9910 W CALUSA DR MIAMI FL		1	ADDAESS 7	MIAMI FL. 33186	. •••
CITY-ST-ZIP TITLE	D D	DELETE	5 4 CITY - S 6 1 TITLE			
NAME	DAFONSECA, ISMAR	- Decere	6 2 NAME		BANGL BLANCO LUN	A CONTROL CONTROL
	9910 W CALUSA DR			FADDRESS .	All all alles Cla	16 br.
STREET ADDRESS	MIAMI FL			AUURESS .	9910 W. CALUSA CH.	-
CITY-ST-ZIP	MIAMI FL	ST 41 - 86 - 1 - 1 - 1 - 5 - 4 - 1 - 1	6.4 CITY -	31 - 212	TIEM! TI JOIN	07/0 // 5

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this appeal 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 coporation 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, it in an attrachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PANYED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-1996.

Daytime Phone #

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