


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90070 043 *****70.00

DOCUMENT # N49697 1. Entity Name ASOCIACION INTERAMERICANA DE CONTABILIDAD, INC.					
Principal Place of Business 275 FOUNTAINBLEAU BLVD SUITE 245 MIAMI, FL 33172			Mailing Address 275 FOUNTAINBLEAU BLVD SUITE 245 MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0329274	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABREU, VICTOR 9910 W CALUSA DR MIAMI, FL 33186				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	VPPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, JAIME A		NAME	CORNELIO J. PORRAS	
STREET ADDRESS	9910 WEST CALUSA CLUB DRIVE		STREET ADDRESS	9910 WEST CALUSA CLUB DRIVE	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VPFD	<input type="checkbox"/> Delete	TITLE	VPFD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, PIERRE		NAME	GIADYS I. SALGADO	
STREET ADDRESS	9910 WEST CALUSA CLUB DRIVE		STREET ADDRESS	9910 WEST CALUSA CLUB DRIVE	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, LEONARD		NAME		
STREET ADDRESS	9910 WEST CALUSA CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, VICTOR		NAME		
STREET ADDRESS	9910 WEST CALUSA CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	VPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOVAL, JORGE		NAME		
STREET ADDRESS	9910 WEST CALUSA CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	VPPT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTANEDA, RUDY		NAME		
STREET ADDRESS	9910 WEST CALUSA CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
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: X			(305) 225-1991		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		