

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000003390 (0)

1. Corporation Name

ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA  
(PALM BEACH) INC.

Principal Place of Business

P.O. BOX 7564  
W PALM BEACH FL 33405-7564

Mailing Address

P.O. BOX 7564  
W PALM BEACH FL 33405-7564



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/18/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0596309

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418

81 Name

Elizabeth Gutierrez

82 Street Address (P.O. Box Number is Not Acceptable)

3365 TACONIC DRIVE

83

84 City

West Palm Bch

FL

85 Zip Code

33406

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	NAME	STREET ADDRESS	CITY - ST - ZIP
D	GARCIA, SILVIA C	% P.O. BOX 7564	W PALM BEACH FL 33405-7564
D	ISASI, MAIRIM	% P.O. BOX 7564 399 Forest Hill Blvd	W PALM BEACH FL 33405
D	ISASI, GABRIEL IV	% P.O. BOX 7564 399 Forest Hill Blvd	W PALM BEACH FL 33405
D	CONTRERAS, ELENA E	% P.O. BOX 7564 399 Forest Hill Blvd	W PALM BEACH FL 33405
D	MARTINEZ, LUCIANO	% P.O. BOX 7564 399 Forest Hill Blvd	W PALM BEACH FL 33405

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
D	Isasi, Gabriel	P.O. BOX 7564 399 Forest Hill Blvd	W. Palm Bch FL 33405
D	Gutierrez, Elizabeth	P.O. BOX 7564 3365 Taconic Drive	W. Palm Bch FL 33406

  

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

  

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

  

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

  

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

14. 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 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.

SIGNATURE: Elizabeth Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-96

Date

(561) 566-3394

Daytime Phone #

CR2E037 (12/95)