

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 22 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1995	3a. Date of Last Report 07/11/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0596309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GUTIERREZ, ELIZABETH
 3365 TACONIC DR.
 W. PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISASI, GABRIEL	
STREET ADDRESS	399 FOREST HILL BLVD.	
CITY-ST-ZIP	W. PALM BCH FL 33405	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISASI, MAIRIM	
STREET ADDRESS	399 FOREST HILL BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33405-7564	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISASI, GABRIEL IV	
STREET ADDRESS	399 FOREST HILL BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33405-7564	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONTRERAS, ELENA E	
STREET ADDRESS	399 FOREST HILL BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33405-7564	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, LUCIANO	
STREET ADDRESS	399 FOREST HILL BLVD.	
CITY-ST-ZIP	W PALM BEACH FL 33405-7564	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, ELIZABETH	
STREET ADDRESS	3365 TASONIC DR.	
CITY-ST-ZIP	W. PALM BCH. FL 33406	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Darlene Carrillo	
1.3 STREET ADDRESS	1814 ABBEY RD	
1.4 CITY-ST-ZIP	W P B, FL 33415	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Goyanes	
2.3 STREET ADDRESS	3365 Taconic DR	
2.4 CITY-ST-ZIP	W P B, FL 33406	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ramon Vilacino	
3.3 STREET ADDRESS	3365 Taconic DR	
3.4 CITY-ST-ZIP	W P B, FL 33406	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 _____ SIGNATURE REQUIRED *06/27/97*

CR2E037 (4/97)