SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1<u>997</u>

DOCUMENT #

N96000001406 (5)

COMMERCIAL DISPUTE RESOLUTION CENTER OF THE AMER ICAS, INC.						:			
Principal Plac	e of Business	Mailing	g Address		 		I HEDITARI ETID TRAKA DANIA DANIA DOME	88111 88111 88181 91611 BIBLI 88418 BIBLI	Æ
200 S. BISCAYN Suite 5300 Miami Fl 33131		SUITE 5	200 S. BISCAYNE BLVD. SUITE 5300 MIAMI FL 33131-2339				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1996		
2. Principal P	lace of Business	2a. Ma	iling Address				4, FEI Number	Applied Fo	or
21		26				65-0652009	Not Applic	able	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75 Additions	al	
22 City & Stat		City & State					Fee Required		
23	е	28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	3.	
Zip	Country	Zip		Countr	у		8. This corporation owes or has p		
24	25	29		30			Personal Property Tax due Jun		
	9. Name and Address of Curr	ent Registere	d Agent				10. Name and Address of New R	egistered Agent	
				81	Name				
MASON, PAUL E				82	Street	Addres	ss (P.O. Box Number is Not Accepta	ible)	
200 S. BISCAYNE BLVD.					ļ	-			
SUITE 5300				83	1				
MIAMI FL 33131:2339			84	City			85 Zip Code		
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1	508, Florida Statut	es, the abov	/e-name0	corpo	ration submits this statement for the	purpose of changing its registr	ered
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	le of Florida. S gations of, Se	Such change was a ction 617.0503, Fl	authorized b orida Statute	y the cor is.	poratio	ration submits this statement for the n's board of directors. I hereby acce	pt the appointment as register	ed
SIGNATURE	Signature, typed or printed name of registered a		lleable 4101	E. Boolstored 4.		o consultand	when reinstating)	DATE	
12.		ND DIRECTOR		13.	leut siBuath.	e redoireo	ADDITIONS/CHANGES TO OFFI		.—
TITLE	D		DELETE	1.1 TITLE		D		Change Ad	
NAME	LANDY, BUTYON			1.2 NAME		Ly	ANDY, BURTOL	V	
STREET ADDRESS				1.3 STREE	T ADDRESS	01	ANDY BURTON	28m FLOOR	
CITY-ST-ZIP	MIAMI FL 33131-2339			1.4 CITY-	ST-ZIP	M	IAMI, FL 33	131	
TITLE	D		☐ DELETE	2.1 TITLE			,	☐ Change ☐ Ad	dition
NAME	JUNCADELLA, SALVADOR J			2.2 NAME					
STREET ADDRESS	200 S. BISCAYNE BLVD., SL	IITE 5300		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131-2339		DELETE.	2. 4 CITY	ST-ZIP	ļ. <u></u>			-1141
TITLE	D		☐ DELETE	3.1 TITLE		بسل		☐ Change ☐ Alf	dition
NAME	SANTOS, JOSE A JR.	HTT AAAA		3.2 NAME		CAL	ABLANCA, FERNA	NDU One States	
STREET ADDRESS	201 S. BISCAYNE BLVD., SU MIAMI FL 33131-2339	IIIE 3000			T ADDRESS	70)	PABLANCA, FERNA BRICKELL AVE., SU LAMI FL 3313	11E 2650	
CITY-ST-ZIP TITLE	D		DELETE	3.4. CITY- 4.1 TITLE	-51-211	17VI	17/MI 1-6 3313	Change Ad	dition
NAME	MASON, PAUL E			4. 2 NAMI		D	11x-ROSS, DEBORAH		altro-n
STREET ADDRESS	200 S. BISCAYNE BLVD., SL	JITE 5300			T ADDRESS	117	7 Av. of the AMERICA	15, RM, 1945	
CITY-ST-ZIP	MIAMI FL 33131-2339			4.4 CITY-		1716	W YORK, NY 100	36	
TITLE	D		DELETE	5.1 TITLE		$\perp D$	•	Channe Art	dition
NAME	MARKUS, ANDREW J			5.2 NAME		MA	RKUS, ANDREW 3 S, BISCAYNE BLVD,	I • →(
STREET ADDRESS	100 S.E. SECOND STREET,	SUITE 400		5.3 STREE	T ADDRESS	201	S, BISCAYNE BLVD,	25 th FLOOR	
CITY-ST-ZIP	MJAMI FL 33131-2339			5.4 CITY -	ST-ZIP	MI	AMI FL 33131		
TITLE			DELETE	6.1 TITLE				Change Ad	dition
NAME				6.2 NAME					
STREET ADDRESS	; s			6.3 STREE	T ADDRESS				

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.

6.4 CITY-ST-ZIP

IDE. S

CITY-ST-ZIP

SIGNATURE R

< 8/1/97 (305)982-060°

FILED

Sep 15 1997 8:00am

Secretary of State