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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001406

1. Corporation Name

COMMERCIAL DISPUTE RESOLUTION CENTER OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
1390 BRICKELL AVE SUITE 275 MIAMI FL 33131	1390 BRICKELL AVE SUITE 275 MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/13/1996

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0652009	Applied For ☐ Not Applicable

City & State 23	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required

Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MASON, PAUL E
1390 BRICKELL AVE
SUITE 275
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name JOHN H. ROONEY, JR
82	Street Address (P.O. Box Number is Not Acceptable) RICE FOWLER L.C.
83	2222 PONCE de LEON BLVD, PH SUITE
84	City CORAL GABLES	FL	85 Zip Code 33134

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 _____ JOHN H. ROONEY, JR. _____ Feb 11 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME BURTON, LANDY STREET ADDRESS ONE S.E. 3RD AVE, 28TH FL CITY-ST-ZIP MIAMI FL 33131	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME JUNCADELLA, SALVADOR J STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 5300 CITY-ST-ZIP MIAMI FL 33131-2339	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SANTOS, JOSE A JR. STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 3000 CITY-ST-ZIP MIAMI FL 33131-2339	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MASON, PAUL E STREET ADDRESS 1390 BRICKELL AVE SUITE 275 CITY-ST-ZIP MIAMI FL 33131	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MARKUS, ANDREW J STREET ADDRESS 201 S BISCAYNE BLVD 25TH FL CITY-ST-ZIP MIAMI FL 33131	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CAPABLANCA, FERNANDO STREET ADDRESS 701 BRICKELL AVE STE 2050 CITY-ST-ZIP MIAMI FL 33131	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: _____ PAUL E. MASON 2/11/99 (305) 372-1901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)