

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N96000004493

1. Corporation Name

THE INTER-AMERICAN CENTER FOR HUMAN RIGHTS, INC.

Principal Place of Business C/O JAMES WILETS 3605 SW 37TH AVENUE MIAMI FL 33133

2. Principal Place of Business

Mailing Address

C/O JAMES WILETS 3605 SW 37TH AVENUE MIAMI FL 33133

2a. Mailing Address

FILED May 24, 1999 8:00 am § Secretary of State

05-24-1999 90016 013 ****61.25



3. Date Incorporated or Qualifed

08/28/1996

21		26			08/28/1996				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	olied For	
22		27			65- 07288 <u>5</u> 1		Not	Applicable	
City & State City & State					5. Certifcate of Status Desired	П	\$8.75 A	dditional	
23	28			5. Certificate of Status Desired Fee Rec			quired		
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be	
24	25	29 30	o l		Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New	Registered A	gent		
				ame					
WILETS, JAMES D				82 Street Address (P.O. Box Number is Not Acceptable)					
3605 SW 37TH AVENUE				dibut Address (1.0. Box (ramson to Not Acceptable)					
MIAMI FL 33133								_	
INITIANI FE 33 533							las Zin C	- do	
			84 Cit	ry		FL	85 Zip C	ode	
11 Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-pamed comporation submits this statement for the purpose of changing its registered									
office or registered agent, or both wirthe State of Florida. Such change was authorized by the corporation's board of directors, I nereby accept the appointment as registered									
agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNAFURE JAMES D. WILETS Signature, typed or pringed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE									
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	M	K		Change	Addition	
NAME	ADAMS, WILLIAM E JR		1.2 NAME	ĪΤΔ	MES D. WILE	15			
STREET ADDRESS	3305 COLLEGE AVENUE		1.3 STREET ADDR	RESS 36	05 S.W.37th	AVE			
CITY-ST-ZIP	FORT LAUDERDALE FL 33314		1.4 CITY-ST-ZIP		AMI , FL 331	33			
TITLE	DVC	☐ DELETE	2.1 TITLE	D 4			☐ Change	Addition	
NAME	DONOHO, DOUGLAS L		2.2 NAMÉ	BA	RBARA BRODM	(AA)			
STREET ADDRESS	3305 COLLEGE AVENUE		2.3 STREET ADD	72	hicalleae Aven	we.	<u> </u>		
	FORT LAUDERDALE FL 33314		2.4 CITY-ST-ZIP	For	+ Lauderdale,	fl 33	314		
CITY-ST-ZIP	DC	☐ DELETE	3.1 TITLE	DE	NATOTO ROMO!	<u> </u>	Change	Addition	
NAME	LITTLE, CHERYL A ESQ		3.2 NAME	ÉÉ				•	
	3000 BISCAYNE BLVD. 4TH FLO	ΛD	3.3 STREET ADDR	110	400 NW 32nd	AU	,		
STREET ADDRESS		Un .	3.4. CITY-ST-ZIP		AMI, FL 3305	4			
CITY-ST-ZIP	MIAMI FL 33137	☐ DELETE	4.1 TITLE	D	10		☐ Change	Addition	
	OCUMADI V OTEDUCAL	No	4. 2 NAME	Ma	RIA DOMINGUE	7	=	* >	
NAME	SCHNABLY, STEPHEN		4.2 TOURIE	1	400 N.W. 32nd				
STREET ADDRESS	1011				IAMI, PL 330				
C/TY-ST-ZIP TITLE	CORAL GABLES FL 33146	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	D	, , , , , , , , , , , , , , , , , , ,		☐ Change	Addition	
	D D	DELLIE	5.1 TILE 5.2 NAME		enh Paul			~	
NAME	STOTZKY, IRWIN P		5.3 STREET ADDR	3FSS 32	os college Aven	ue			
STREET ADDRESS	1311 MILLER DRIVE		5.4 CITY-ST-ZIP	2	t landerdale	C1 22	214	ļ	
C/TY-ST-ZIP	CORAL GABLES FL 33146	☐ DELETE	6.1 TITLE	10	seph, Paul 05 College Aven 1t Laudirdale, 1	00	Change	Addition	
TITLE	D	☐ DETE IE	6.2 NAME	-			سا ت		
NAME	WIESSNER, SIEGFRIED			DECC.					
STREET ADDRESS	101001111 02110 /11-110-		6.3 STREET ADDI	KESS					
CITY OT 78D	MIAM EL 22054		6.4 CITY-ST-ZIP	ı					

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 each 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: