

FILE NOW: FILING FEE IS \$61.25

FILED
May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000005602 (5)
1. Corporation Name
ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA INTERNACIONAL, INC.



Principal Place of Business 250 CATALONIA AVE. #402 CORAL GABLES FL 33134	Mailing Address 250 CATALONIA AVE. #402 CORAL GABLES FL 33134 4400 SW 75th Ave
---	--

3. Date Incorporated or Qualified 11/01/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21	2a. Mailing Address 26 4400 SW 75th Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33134	Country 29 USA

4. FEI Number 65-0753140	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LOPEZ, LUIS
4400 SW 75TH AVE.
MIAMI FL ~~33134~~ 33155**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACGREGOR, DUNIA F		1.2 NAME	ANA M Lopez Secy
STREET ADDRESS 250 CATALONIA AVE. #402		1.3 STREET ADDRESS	3205 Village Green Dr.
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	MIAMI - FLA 33155
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUQUESNE, PEDRO		2.2 NAME	Leonardo Rodriguez Pte
STREET ADDRESS 250 CATALONIA AVE. #402		2.3 STREET ADDRESS	670 SW 24 Rd
CITY-ST-ZIP CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	MIAMI - FLA 33129
TITLE DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARIÑO, JOSE MARIÑO		3.2 NAME	TREASURER JOSE MARIÑO
STREET ADDRESS 250 CATALONIA AVE. #402		3.3 STREET ADDRESS	250 CATALONIA AVE #402
CITY-ST-ZIP CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	CORAL GABLES 33134
TITLE DS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORDERO, BERNICE		4.2 NAME	Lydia Kramer
STREET ADDRESS 250 CATALONIA AVE. #402		4.3 STREET ADDRESS	987 SW 6 Lane
CITY-ST-ZIP CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	MIAMI - FLA 33174
TITLE DV	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYALUGA, RODOLFO		5.2 NAME	J.P. JORGE DE ARMAS
STREET ADDRESS 250 CATALONIA AVE. #402	Jose L Guillen	5.3 STREET ADDRESS	250 Catalonia Ave. #402
CITY-ST-ZIP CORAL GABLES FL 33134	250 Catalonia Ave #400 Coral Gables FLA 33134	5.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE DV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTELLANOS, LEONEL		6.2 NAME	
STREET ADDRESS 250 CATALONIA AVE. #402		6.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33134		6.4 CITY-ST-ZIP	FLA 33134

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 _____ DATE **11/10/97**

CF2E037 (9/96)