Jul 23 1998 8:00am §

**FILED** 

Secretary of State

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005602 (5)

ASOCIACIÓN INTERAMERICANA DE HOMBRES DE EMPRESA

INTERNACIONAL, INC.										
Principal Place of Business		Malling Address			1 (188)  181   181	III gofii saifi bafii gaill	UBIBI BINU	DIAN BONG 1(B) 1881		
4400 SW 75TH AVENUE MIAMI FL 33155		4400 SW 75TH AVENUE MIAMI FL 33155				3. Date incorporated or	Qualified			
MINMI PL 33195		MIAMI FL 33133				11/01/1996	<del></del>		<del></del>	
1						4. FEI Number 65-0753140		-	Applied For Not Applicable	
2. Principal	Place of Business	2a. Mailing Address	2a. Malling Address					\$8.	75 Additional	
21		26	26			5. Certificate of Status	Desired		ee Required	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign F	inancing		.00 May Be	
22		27	27			Trust Fund Contribut	lon 🔲	Added to Fees		
City & Sta	ate	City & State				7. Is this nonprofit corporation a homeowners association?				
23		28				V Yes				
Zip	Country	Zip	·		•	8. This corporation owes or has paid the current year intangible				
24	25	29 30						L√ No		
<del></del>	9. Name and Address of Curren	Registered Agent		81	N	10. Name and Address	of New Registere	1 Agent		
			l	•	Name					
LOPEZ, LUIS			1	62	Street Addres	ss (P.O. Box Number is No	ot Acceptable)			
1	75TH AVE.		ļ.	83						
MIAMI FL	. 331 <b>55</b>			03						
			[	84	City			85	Zip Code	
44 Disensions	to the provisions of spetions 617 0502 s	and 617 1500 Florido Statutos	the above		mad corporati	on aubmits this statement (	or the number of al	encina It	e societared	
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 sutherized 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.								s registered		
agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent	and tills if anollouble INC	YE: Denletors	ad Age	ni eleneture regular	ed when reinstating)	DATE		<del></del>	
12.	OFFICERS AN		13.		iii signature regona	ADDITIONS/CHANGE		ND DIRE	CTORS IN 12	
TITLE	DP			LE		7.00777070707070	O TO STATISTICAL		enge Addition	
NAME	MACGREGOR, DUNIA F		1.2 NAME						mgo Li Hadioon	
STREET ADDRESS 250 CATALONIA AVE. #402			1.3 STREET ADDRESS		DORESS					
CITY-ST-ZIP CORAL GABLES FL 33134			1.4 CITY-ST-ZIP		·					
TITLE	DV	DELETE	2.1 TITLE					T Chr	ange Addition	
NAME	DUQUESNE, PEDRO		2.2 NAME							
STREET ADDRESS 250 CATALONIA AVE. #402			2.3 STREET ADDRESS		DDRESS					
CITY-ST-ZIP CORAL GABLES FL 33134			2.4 CITY-ST-ZIP		2(P					
TITLE	7	DELETE	3.1 TITLE					Chr	ange Addition	
NAME	MARINO, JOSE		3.2 NAME							
STREET ADDRESS			3.3 STR	3.3 STREET ADDRESS						
CMY-ST-ZIP			3.4 CIT	Y-ST-Z	JP ]					
TITLE	DS	DELETE	4.1 TIT	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Cha	ange Addition	
NAME	CORDERO, BERNICE	<u> </u>	4.2 NA	4.2 NAME					• =	
STREET ADDRESS			4.3 STR	4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	tP					
TITLE	DV	DELETE	5.1 TIT	LE				Cha	ange Addition	
NAME	GUILLEN, JOSE	·		ΜE					· <del></del>	
STREET ADDRESS 250 CATALONIA AVENUE #400			5.3 STR	5.3 STREET ADDRESS						
CITY-ST-ZIP CORAL GABLES FL 33134			5.4 CITY-ST-ZIP		(IP					
TITLE	DV							Che	ange Addition	
NAME	CASTELLANOS LEONEL		6.2 NA	ME	ı			_		

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS 250 CATALONIA AVE. #402

CITYST-ZIP

CORAL GABLES FL 33134

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.

SIGNATURE:

JOSEL Guille Director.

7/998

305) ULU 1423 1050 L Gulled Dipletor. Me of Bigning Officer on Director

(305) 444 2423 Daytime Phone #