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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000005602

1. Corporation Name

ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA INTERNACIONAL, INC.

Principal Place of Business

Mailing Address

4400 SW 75TH AVENUE
 MIAMI FL 33155

4400 SW 75TH AVENUE
 MIAMI FL 33155



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/01/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 65-0753140

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, LUIS
 4400 SW 75TH AVE.
 MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	DP	MACGREGOR, DUNIA F	250 CATALONIA AVE. #402 CORAL GABLES FL 33134	<input type="checkbox"/> DELETE				President	Leonardo Rodriguez	250 Catalonia Ave #402	33134																
	DV	DUQUESNE, PEDRO	250 CATALONIA AVE. #402 CORAL GABLES FL 33134	<input type="checkbox"/> DELETE				Secretary	Ane M. Lopez	250 Catalonia Ave #402	33134																
	D	MARINO, JOSE	250 CATALONIA AVENUE #402 CORAL GABLES FL 33134	<input type="checkbox"/> DELETE																							
	DS	CORDERO, BERNICE	250 CATALONIA AVE. #402 CORAL GABLES FL 33134	<input type="checkbox"/> DELETE																							
	BT	GUILLEN, JOSE	250 CATALONIA AVENUE #400 CORAL GABLES FL 33134	<input type="checkbox"/> DELETE																							
	DV	CASTELLANOS, LEONEL	250 CATALONIA AVE. #402 CORAL GABLES FL 33134	<input type="checkbox"/> DELETE																							

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

(305) 442-8038

CR2E037 (11/98)