~ 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600005602

1. Entity Name

ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA

Mailing Address

4400 SW 75TH AVENUE

Principal Place of Business

4400 SW 75TH AVENUE

Jul 25, 2000 8:00 am Secretary of State

07-25-2000 90103 031 ****61.25 02-08-2000 90050 009 ****61.25

MIAMI FL 331	55	MIAMI FL 33155										
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2. Principal P		1 Svite 402	3. Mailing Address						OOM EANN ERNA		OURS FIUI FOAR	
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	Gollo - F	7A						DO NOT W	niie in inio	SFACE		
City & Stat	е		City 8		4. FEI Number 65-		er 65-075314	in	Applied For			
Zip Country			Zip Co			unden (tn					Not Applicable
33134 EV.					COL	ıntry	5. Certificate		of Status Desired	d	\$8.75 A	
	Agent		7. Name and Address of				ew Registered Agent					
		_	· - ·	en emerica			Name					
10057 (1110					Street Address (P.O. Box Number is Not Acceptable)						
LOPEZ, L				0.000.000								
MIAMI FL	75TH AVE.											1
INDAMI FL	33133				City				FL	Zip Co	de	
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8. The above	named entity	y submits this statement for	the purpose	e of changing its	register	ed office o	r register	ed agent, or bot	th, in the state of	Fłorida.		
	e septemb	erm and the same										
SIGNATURE SELECTION OF THE SELECTION OF												
SIGNATURE.	Signature, typed	or printed name of registered agent a	d Agent signat	ure required	when reinstating)		DATE					
	. 1 1	Table Tracks							T	.		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to												
FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 First Fund Contribution								.00 May Be ded to Fees		Departmen		
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10.		OFFICERS AND DIR	ECTORS	2 U W	11.				ANGES TO OFFIC	CERS AND D	RECTORS	N 10
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CITY-ST-ZIP CORAL GABLES FL 33134				Ċ			e	She-FriA	33134			

12. 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 report or supplemental 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with fall other like empowered.

SIGNATURE: