

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90029 028 ****61.25

DOCUMENT # N96000005602

1. Entity Name

ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA INTERNACIONAL, INC.

Principal Place of Business

Mailing Address

**CATALOMI 250 STE 402
 CORAL GABLES FL 33134**

**CATALOMI 250 STE 402
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0753140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP**
 STREET ADDRESS **MACGREGOR, DUNIA F**
 CITY-ST-ZIP **250 CATALONIA AVE. #402**
CORAL GABLES FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
 STREET ADDRESS **DICLO, MANUEL**
 CITY-ST-ZIP **PADRE PINA # 2 ZONA VASO**
SANTO DOMINGO RD

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **MARINO, JOSE**
 CITY-ST-ZIP **250 CATALONIA AVENUE #402**
CORAL GABLES FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS**
 STREET ADDRESS **CORDERO, BERNICE**
 CITY-ST-ZIP **250 CATALONIA AVE. #402**
CORAL GABLES FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
 STREET ADDRESS **GUILLEN, JOSE**
 CITY-ST-ZIP **250 CATALONIA AVENUE #400**
CORAL GABLES FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
 STREET ADDRESS **CASTELLANOS, LEONEL**
 CITY-ST-ZIP **250 CATALONIA AVE. #402**
CORAL GABLES FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowered 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 all other like empowered.

SIGNATURE: *[Signature]* REGISTERED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02

Date

305-261-5366

Daytime Phone #

CR2E037 (9/01)