

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90032 010 ****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 CATALOMI 250 STE 402
CORAL GABLES FL 33134 CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address
4400 S.W. 75 AVE 4400 S.W. 75 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
MIAMI, FL. MIAMI, FL.



MOORE CR2E037 (11/03)

4. FEI Number **65-0753140** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACGREGOR, DUNIA F 250 CATALONIA AVE. #402 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINO, JOSE <input checked="" type="checkbox"/> Delete 250 CATALONIA AVENUE #402 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORDERO, BERNICE <input type="checkbox"/> Delete 250 CATALONIA AVE. #402 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GUILLEN, JOSE <input type="checkbox"/> Delete 250 CATALONIA AVENUE #400 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, LUIS <input type="checkbox"/> Delete 4400 SW 75TH AVE MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **TREASURER** **2/4/04** **305-261-5366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #