

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

CATALOMI 250 STE 402
CORAL GABLES FL 33134

Mailing Address

CATALOMI 250 STE 402
CORAL GABLES FL 33134

2. Principal Place of Business

4400 S.W. 75 AVE

3. Mailing Address

4400 S.W. 75 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33155

Country

MIAMI-DADE

Zip

33155

Country

MIAMI-DADE

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

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

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

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

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

TITLE T
NAME LOPEZ, LUIS ☐ Delete
STREET ADDRESS 4400 SW 75TH AVE
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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] TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

Date

305-261-5366

Daytime Phone #