

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141822

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** ADOLFO IBANEZ SCHOOL OF MANAGEMENT, INC.

## Current Principal Place of Business:

ADOLFO IBANEZ SCHOOL OF MANAGEMENT, INC.  
1221 BRICKELL AVENUE , SUITE 300  
MIAMI, FL 33131

## New Principal Place of Business:

ADOLFO IBANEZ SCHOOL OF MANAGEMENT, INC.  
1200 BRICKELL AVENUE , SUITE 300  
MIAMI, FL 33131

## Current Mailing Address:

ADOLFO IBANEZ SCHOOL OF MANGEMENT, INC.  
1221 BRICKELL AVENUE , SUITE 300  
MIAMI, FL 33131

## New Mailing Address:

ADOLFO IBANEZ SCHOOL OF MANAGEMENT, INC.  
1200 BRICKELL AVENUE , SUITE 300  
MIAMI, FL 33131

**FEI Number:** 27-0133830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

PADRO, JOSE F  
2520 NW 97 AVE  
SUITE 120  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: DROPELMAN, JAIME  
Address: AV. PRESIDENTE ERRAZURIZ 3485  
City-St-Zip: LAS CONDES, CL SANTIAGO

Title: D  
Name: LETELIER, MAX  
Address: AV. PRESIDENTE ERRAZURIZ 3485  
City-St-Zip: LAS CONDES, CL SANTIAGO

Title: PD  
Name: BENITEZ, ANDRES  
Address: AV. PRESIDENTE ERRAZURIZ 3485  
City-St-Zip: LAS CONDES, CL SANTIAGO

Title: T  
Name: PADRO, JOSE F  
Address: 2520 NW 97 AVE, 120  
City-St-Zip: MIAMI, FL 33172

Title: T  
Name: DE LA FUENTE, CLAUDIA  
Address: AV. PRESIDENTE ERRAZURIZ 3485  
City-St-Zip: LAS CONDES, CL SANTIAGO CL

Title: CFOD  
Name: BOBENRIETH, CATALINA  
Address: AV. PRESIDENTE ERRAZURIZ 3485  
City-St-Zip: LAS CONDES, CL SANTIAGO CL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAIME DROPELMAN

D

05/01/2012

Electronic Signature of Signing Officer or Director

Date

P05000141822  
5-1-12

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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Document Number P05000141822

Adolfo Ibañez School of  
Management, Inc.

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Please add the following:

NAME: Alan Farcas

Address: Av. Presidente Errazuriz 3485  
Las Condes, Santiago, Chile

Title: Secretary

NAME RAQUEL E. RODRIGUEZ

Address 2500 NW 97 Ave, 120  
MIAMI FL 33172

Title Secretary