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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P31674 (5)

1. Corporation Name

ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA
, INC.

Principal Place of Business

Mailing Address

14750 NW 77 CT
STE 210
MIAMI LKS FL 33016
US

14750 NW 77 CT
STE 210
MIAMI LKS FL 33016-1507
US



3. Date Incorporated or Qualified
10/19/1990

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
58-1333760

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAGG, K. LAWRENCE
WHITE & CASE
200 S. BISCAYNE BLVD., 50TH FLOOR
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME DEYE, DAVID
STREET ADDRESS CAIXA POSTAL 753
CITY-ST-ZIP SANTA CRUZ, BOLIVIA

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Deuel, David
1.3 STREET ADDRESS ✓
1.4 CITY-ST-ZIP ✓

TITLE ED ☐ DELETE
NAME MORRIS, DAVID W
STREET ADDRESS 14750 NW 77 CT., STE 210
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE ED ☒ Change ☐ Addition
2.2 NAME Morris, James W.
2.3 STREET ADDRESS ✓
2.4 CITY-ST-ZIP ✓

TITLE STD ☐ DELETE
NAME CARDENAS, DAVID
STREET ADDRESS CAIXA POSTAL 1183
CITY-ST-ZIP 10.100 CAMPINAS BR

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME Cardenas, David
3.3 STREET ADDRESS ✓
3.4 CITY-ST-ZIP ✓

TITLE D ☐ DELETE
NAME ANDERSON, FRANK
STREET ADDRESS APARTADO 103-E1 TRIGAL, VALENCIA, EDO,
CITY-ST-ZIP CARABOBO, VENEZUELA

4.1 TITLE STD ☒ Change ☐ Addition
4.2 NAME Anderson, Frank
4.3 STREET ADDRESS ✓
4.4 CITY-ST-ZIP ✓

TITLE PD ☒ DELETE
NAME GREBEN, PAUL
STREET ADDRESS AVL-2 SUL, SGAS Q-605-E
CITY-ST-ZIP 70200 BRASILIA D

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Ponce, Pilar
5.3 STREET ADDRESS Ro. Box 17 01 157, Urb. Carcelen
5.4 CITY-ST-ZIP Quito, Ecuador

TITLE D ☐ DELETE
NAME WEBB, BERT
STREET ADDRESS APARTADO 290
CITY-ST-ZIP MARACAIBO, VENEZUELA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)