2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P31674

Entity Name: ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA, INC.

Current Principal Place of Business:

12333 NW 18TH ST
SUITE 5
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

12333 NW 18TH ST
SUITE 5
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 58-1333760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

POORE, PAUL M ED
12333 NW 18TH STREET
5
PEMBROKE PINES, FL 33028 US

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: PAUL M. POORE 01/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSTON, WILLIAM
Address: DE LA HIGUERILLAS Y ALONDRA
City-St-Zip: SECTOR MONETESERRIN, QE

Title: ED ( ) Delete
Name: POORE, PAUL
Address: 12333 NW 18TH ST SUITE 5
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP ( ) Delete
Name: JOSLIN, PHILIP
Address: ANDRES FERR. 4073 1636 LA LUCILA
City-St-Zip: BUENAS AIRES,ARGENTINA,

Title: D ( ) Delete
Name: VAHEY, JEAN
Address: FINAL CALLE LA CINTA, LAS MERCEDES
City-St-Zip: CARACUS,DF 1060 VENEZUELA,

Title: ST ( ) Delete
Name: SPINDLER, ERIC
Address: KM 1, CARRETERA VIA A LA TOSCANA
City-St-Zip: MATURIN, EDO MONGAS VZ,

Title: D ( ) Delete
Name: BERGMAN, DON
Address: CALLE NIDO DE AGUILAS 14515
City-St-Zip: LO BARNECHEA, SANT. CHILE,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: JOHNSTON, WILLIAM
Address: DE LA HIGUERILLAS Y ALONDRA
City-St-Zip: SECTOR MONETESERRIN, QE

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL M POORE ED 01/07/2008
Electronic Signature of Signing Officer or Director Date