NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90066 028 ****70.00

DOCUMENT # N46233

1. Corporation Name

INTER AMERICAN CULTURAL ARTS FOUNDATION, INCORPORATED

Principal Place of Business %JORGE BEZ CHABEBE 234 ANTIQUERA AVE. APT 12 CORAL GABLES FL 33134 Mailing Address

%JORGE BEZ CHABEBE 234 ANTIQUERA AVE. APT 12 CORAL GABLES FL 33134

Principal Place of Business 2a. Mailing Address					_		3. Date incorporated or Qualified				
21					11/25/1991						
Suite, Apt. #, etc. Suite, Apt. #, etc.							4. FEI Number	Applied For			
27							65-0310932	Not Applicable			
City & State — City & State 28							5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Zip					y		6. Election Campaign Financing	Campaign Financing _ \$5.00 May Be			
24	25 29 30				•		Trust Fund Contribution	Added to Fees			
24	9. Name and Address of Current			<u>, </u>			10. Name and Address of New Registered A	gent			
				8	ī	Name					
OCNET LIGHETCH MODERNOTERN DEDECT FOI											
SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRI					Street Address (P.O. Box Number is Not Acceptable)						
END, BROOKE & GORDON, P.A.					3						
201 ALHAMBRA CIRCLE, SUITE 1200							<u> </u>				
CORAL (GABLES FL 33134			84	4	City		85	Zip Co	ode	
					1			بلنا			
office or	nt to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such e	change was auth	iorized by	y tr	ne corporatio	poration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoin	tment	as regi	stered	
SIGNATURI	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Re	alstered Age	ent:	signature require	ed when reinstating) DATE				
12.	Signature, types of the signature of the						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE			☐ DELETE	1.1 TITLE				Cha		Additio	
	CHABEBE, JORGE BEZ			1.2 NAME				-,			
NAME	AND ANTIQUEDA ANTI ANTI AN										
STREET ADDRES	234 ANTIQUERA AVE APT 12					ADDRESS		•			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-	_	-ZIP		Cha		Additio	
TITLE	VD		DELETE	2.1 TITLE				LJ Cité	แลือ		
NAME	BADUE, JOSE FERNANDEZ			2.2 NAME	:			•			
STREET ADDRES	s 4301 SW 132 AVE			2.3 STREI	et A	ADDRESS	* · ·				
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-	-ST	r- z i₽					
TITLE	S		☐ DELETÉ	3.1 TITLE				Cha	ınge	. Additio	
NAME	ALONZO, OLGA			3.2 NAME	:						
STREET ADDRES	ALLA OUL TOL COLIDE			3.3 STREE	ET A	ADDRESS		•			
CITY-ST-ZIP	MIAMI FL			3.4. CITY							
TITLE	TD TD		DELETE	41 TITLE				[] Cha	ange	☐ Additio	
	GUERRA, PEDRO			4. 2 NAME			,				
NAME	ss 2468 SW 57 AVE					ADDRESS 7	1910 TW 29 8t		**		
	MIAMI FL					70	1860 J.W 22 St.				
CITY-ST-ZIP	MINAMI FL		DELETE	4.4 CITY- 5.1 TITLE		· ZIP	$\frac{\partial \mathcal{L}_{\mathcal{A}} + \partial \mathcal{L}_{\mathcal{A}}}{\partial \mathcal{L}_{\mathcal{A}}} = \frac{\partial \mathcal{L}_{\mathcal{A}}}{\partial L$	Cha	ange	☐ Additio	
TITLE			- OCTELF	5.1 (IIILE 5.2 NAME				د		— ······	
NAME						ADDDEED	,	•			
STREET ADDRES	ss					ADDRESS .					
CITY-ST-ZIP				5.4 CITY-		·ZIP		F105	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
TITLE	1		☐ DELETE	6.1 TITLE		-		Cha	nge.	Addition	
NAME				6.2 NAME							
STORET ADDRES				6.3 STRE	ET /	ADDRESS		•			

6.4 CITY-ST-ZIP

14. 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 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 accurate 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 or an attachment with an address, with all other like empowered.

SIGNATURE

LEGICAL REQUIRED

01-14/99 (305)267-1224

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