

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005109 (0)**  
 1. Corporation Name  
**INTERCULTURE FOUNDATION OF AMERICA, INC.**



Principal Place of Business 901 S SURF RD #402 HOLLYWOOD FL 33019	Mailing Address 901 S SURF RD #402 HOLLYWOOD FL 33019
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3. Date Incorporated or Qualified  
**09/10/1997**

4. FEI Number 65-0789536	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 2080 So Ocean Drive Suite, Apt. #, etc.	2a. Mailing Address 26 2080 So Ocean Drive Suite, Apt. #, etc.
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State 23 Hallandale, FL	City & State 28 Hallandale, FL
Zip 24 33009	Country 25 USA
Zip 29 33009	Country 30 USA

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**SANTOS, MAURO C**  
**25 SE 2ND AVENUE SUITE 1235**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haidacher, Hans	1.2 NAME	
STREET ADDRESS	901 S SURF RD #402	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Jacob	2.2 NAME	
STREET ADDRESS	857 NW 81ST WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huebl, Stefan	3.2 NAME	
STREET ADDRESS	1407 FUNSTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Titsch, Guenter	4.2 NAME	
STREET ADDRESS	AM WEINGARTEN 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	D35412 POHHEIM GERMANY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horvath, Piroška	5.2 NAME	
STREET ADDRESS	AM WEINGARTEN 3	5.3 STREET ADDRESS	
CITY-ST-ZIP	D35412 POHHEIM GERMANY	5.4 CITY-ST-ZIP	
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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 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.

**SIGNATURE:** Hans Haidacher **SIGNATURE REQUIRED** Hans Haidacher, President 1/30/98 (954) 456-5630

CR2E037 (10/97)