

2000 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED
May 22, 2000 8:00 am
Secretary of State

04-05-2000 90101 020 ****61.25

DOCUMENT # N97000005109

1. Entity Name

INTERCULTURE FOUNDATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

499 E. SHERIDAN ST
 #205
 DANIA FL 33004
 US

499 E. SHERIDAN ST
 #205
 DANIA FL 33004-4606
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0789536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME DP
 STREET ADDRESS HAJDACHER, HANS
 CITY-ST-ZIP 901 S SURF RD #402 HOLLYWOOD FL 33019

TITLE Change Addition
 NAME Dr. Lee Kjelson
 STREET ADDRESS 631 Tibidabo Avenue
 CITY-ST-ZIP Coral Gables, FL 33143

TITLE Delete
 NAME DS
 STREET ADDRESS COHEN, JACOB
 CITY-ST-ZIP 857 NW 81ST WAY PLANTATION FL 33324

TITLE Change Addition
 NAME Mr. Jack Latona
 STREET ADDRESS 315 S.E. 7th St. # 301
 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE Delete
 NAME DT
 STREET ADDRESS HUEBL, STEFAN
 CITY-ST-ZIP 1407 FUNSTON RD HOLLYWOOD FL 33020

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS TITSCH, GUENTER
 CITY-ST-ZIP AM WEINGARTEN 3 D35412 POHHEIM GERMANY

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS HORVATH, PIROSKA
 CITY-ST-ZIP AM WEINGARTEN 3 D35412 POHHEIM GERMANY

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)