FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # P30126 (7)

1. Corporation Name

THE INTER-AMERICAN ART THEATRE, INC.

[redacted]

Principal Place of Business	Mailing Address
P O BOX 57351 WASHINGTON DC 20037	P O BOX 57351 WASHINGTON DC 20037

3. Date Incorporated or Qualified: 07/05/1990

3a. Date of Last Record: 04/24/1996

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 52-1645889 — 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

SCHLAKMAN, MARK R., ESQ.
BLACKWELL & WALKER, P.A.
2400 AMERIFIRST BLDG. 1 S.E. 3RD AVE.
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 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1 NAME	HORNE, WILLIAM WILCOX		1.2 NAME	
1 STREET ADDRESS	2201 L STREET NW #412		1.3 STREET ADDRESS	
1 CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP	
2 TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2 NAME	HORNE, MARIA SANMIGUEL		2.2 NAME	
2 STREET ADDRESS	3 BERKLEY PL		2.3 STREET ADDRESS	
2 CITY-ST-ZIP	BUFFALO NY		2.4 CITY-ST-ZIP	
3 TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3 NAME	HORNE, GEOFFREY		3.2 NAME	
3 STREET ADDRESS	52 HARBOR RD		3.3 STREET ADDRESS	
3 CITY-ST-ZIP	WESTPORT CT		3.4 CITY-ST-ZIP	
4 TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4 NAME	PAXTON, COLLIN WILCOX		4.2 NAME	
4 STREET ADDRESS	BILLY CABIN MT.		4.3 STREET ADDRESS	
4 CITY-ST-ZIP	HIGHLANDS NC		4.4 CITY-ST-ZIP	
5 TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5 NAME	SANMIGUEL, DELIA		5.2 NAME	
5 STREET ADDRESS	3 BERKLEY PL		5.3 STREET ADDRESS	
5 CITY-ST-ZIP	BUFFALO NY		5.4 CITY-ST-ZIP	
6 TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6 NAME			6.2 NAME	
6 STREET ADDRESS			6.3 STREET ADDRESS	
6 CITY-ST-ZIP			6.4 CITY-ST-ZIP	

4-21-97

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

ext. 1316

SIGNATURE: Maria Horne MARIA S. HORNE 4/11/97 (716)645-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number