

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90198 010 ****61.25

DOCUMENT # P30126



1. Entity Name
THE INTER-AMERICAN ART THEATRE, INC.

Principal Place of Business
**P O BOX 57351
WASHINGTON, DC 20037**

Mailing Address
**25 KINGS TRAIL
WILLIAMSVILLE, NY 14221**

2. Principal Place of Business
25 KINGS TRAIL
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



04192004 Chg-NP CR2E037 (10/03)

City & State
WILLIAMSVILLE NY
Zip
14221 Country
USA

City & State
Zip Country

4. FEI Number
52-1645889 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. 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**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, WILLIAM WILCOX 2181 NE 171ST ST NORTH MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNE, MARIA S 25 KINGS TRAIL WILLIAMSVILLE, NY 14221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, GEOFFREY 251 WATER ST #2 NEW YORK, NY 10038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAXTON, COLLIN WILCOX BILLY CABIN MT. HIGHLANDS, NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANMIGUEL, DELIA 25 KINGS TRAIL WILLIAMSVILLE, NY 14221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Maria S Horne **MARIA S HORNE** 4/20/04 (716) 688-0856
Signature and typed or printed name of signing officer or director Date Daytime Phone #