FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:11

DOCUMENT # 764060 (0)

1. Corporation Name
INTERNATIONAL COOPERATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O ARNALDO VELEZ 801 BRICKELL AVE., STE. 1401 MIAMI FL 33131-2900	C/O ARNALDO VELEZ 801 BRICKELL AVE., STE. 1401 MIAMI FL 33131-2900

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1982	3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-1825846	☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VELEZ, ARNALDO 801 BRICKELL AVE. FOURTEENTH FLOOR MIAMI FL 33131-2900	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ (Registered agent signature) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	PLANA, ALFREDO	12 NAME	ARNALDO VELEZ
STREET ADDRESS	801 BRICKELL AVE.	13 STREET ADDRESS	801 BRICKELL AVENUE, #1401
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL 33131
TITLE	SD	21 TITLE	S/D ☒ Change ☐ Addition
NAME	VELEZ, ARNALDO	22 NAME	MARIA C. ARRIOLA VELEZ
STREET ADDRESS	801 BRICKELL AVE.	23 STREET ADDRESS	801 BRICKELL AVENUE
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL 33131
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	VELEZ, MARIA ARRIOLA C.	32 NAME	F DELETE
STREET ADDRESS	801 BRICKELL AVE.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	MAYRA C. GUILLENS
STREET ADDRESS		43 STREET ADDRESS	801 BRICKELL AVENUE, #1401
CITY ST ZIP		44 CITY ST ZIP	MIAMI, FL 33131
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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.

SIGNATURE: A. Velez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041350