

2/17/97

B-1995 C
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005200 (9)

1. Corporation Name

THE INTER-NATIONAL FOUNDATION FOR THE LIVING ART
S, INC.

Principal Place of Business

Mailing Address

3201 KIRK STREET
MIAMI FL 33133PO BOX 494
MIAMI FL 33233

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

05/23/1996

4. FEI Number

65-0660448

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

FREMONT, DOUGLAS P
1221 BRICKELL AVE SUITE 1780
MIAMI FL 33178

81 Name

DAVID EVERETT MARKO

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

ONE BISCUINE TOWER, SUITE 2600

83

2 South Biscayne Boulevard

84 City

Miami

FL

85 Zip Code

33131-1802

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

D. Marko

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/97

12. OFFICERS AND DIRECTORS

TITLE PTSD
NAME HAYES, DARBY
STREET ADDRESS 3201 KIRK STREET
CITY-ST-ZIP MIAMI FL 33133☐ DELETETITLE PTSD
NAME HAYES, DARBY
STREET ADDRESS 3201 KIRK STREET
CITY-ST-ZIP MIAMI FL 33133☐ DELETETITLE D
NAME HOLTZ, MARTIN
STREET ADDRESS 15975 SW 78TH PLACE
CITY-ST-ZIP MIAMI FL 33157☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE DIRECTOR
2.2 NAME Les Baylis
2.3 STREET ADDRESS 13305 SW 109 PLACE
2.4 CITY-ST-ZIP MIAMI - FL 33176☒ Change ☐ Addition3.1 TITLE DIRECTOR
3.2 NAME MARTIN HOLTZ
3.3 STREET ADDRESS 15975 SW 78th Place
3.4 CITY-ST-ZIP MIAMI, FL 33157☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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:

DARBY HAYES

2-12-97 (305) 858-8552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078510

CP2E037 (9/96)