FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753515** **(6)**

1. Corporation Name

INTERNATIONAL AFFILIATION OF INDEPENDENT ACCOUNTING FIRMS, INC.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD. #510 MIAMI FL 33156-2703	9200 S. DADELAND BLVD. #510 MIAMI FL 33156-2703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1990
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1819130 ☐ Applied For ☐ Not Applicable

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)

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

GOESSEL, ARTHUR D
9200 SO DADELAND BLVD
STE 510
MIAMI FL 33156

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SYMINGTON, QUENTIN	1.2 NAME		
STREET ADDRESS	23 RUE D'ANJOU	1.3 STREET ADDRESS		
CITY-ST-ZIP	PARIS FR	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HALLY, GRANT	2.2 NAME		
STREET ADDRESS	67 CUSTOMS ST. EAST, PO BOX 3685	2.3 STREET ADDRESS		
CITY-ST-ZIP	AUCKLAND 1 NE	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FALLS, BOYD	3.2 NAME	STEVENS, GREGORY	
STREET ADDRESS	114 W. BLAND ST.	3.3 STREET ADDRESS	FELIX BOIX, 14, ENTREPLANTA, DRCHA.	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	28036 MADRID, SPAIN	
TITLE	TD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CUTHILL, R.W.	4.2 NAME		
STREET ADDRESS	1941 LEE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FRAZER, IAN	5.2 NAME		
STREET ADDRESS	2 CANARY WHARF	5.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ENGLAND 00000	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LANG, STUART	6.2 NAME	BOUCINHAS, LUIS CARLOS	
STREET ADDRESS	1515 S.W. 5TH AVENUE	6.3 STREET ADDRESS	R.BARAO DE ITAPETININGA, 140 4º ANDAR	
CITY-ST-ZIP	PORTLAND OR	6.4 CITY-ST-ZIP	C.POSTAL 2431-SAO PAULO- SP 01042-000BRAZIL	

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: _____ R W CUTHILL JR. 4/10/95 407-644-7459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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