

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000004348 (8)**

1. Corporation Name

INTERNATIONAL ARTS ENTERPRISES, INC.



Principal Place of Business

**4000 CATHEDRAL AVE., N.W.
SUITE 611A
WASHINGTON DC 20016**

Mailing Address

**6493 VIA REGINA
BOCA RATON FL 33433**

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **3900 Cathedral Ave NW**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 611A**

27

City & State

City & State

23 **Washington, DC 20016**

28

Zip

Country

Zip

Country

24 **20016**

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANNON, KATHLEEN
6493 VIA REGINA
BOCA RATON FL 33433**

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

Signature of officer or director of registered agent and title of applicant

Kathleen Bannon, Executive Director **2/6/96**

(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **CONLIN, JOSEPH**
STREET ADDRESS **853 7TH AVE.**
CITY-ST-ZIP **NEW YORK NY 10019**

1.1 TITLE **VPD** ☐ Change ☒ Addition
1.2 NAME **Norman Fagan**
1.3 STREET ADDRESS **Star Route Box 259**
1.4 CITY-ST-ZIP **Red House, WV 25168**

TITLE **VD** ☐ DELETE
NAME **PIERCE, MARGARET**
STREET ADDRESS **3829 GARFIELD ST., N.W.**
CITY-ST-ZIP **WASHINGTON DC 20007**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **Isabelle Lloyd**
2.3 STREET ADDRESS **325 South Lake Drive**
2.4 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **VPD** ☒ DELETE
NAME **WILSON, JOHN**
STREET ADDRESS **60 W. 57TH ST.**
CITY-ST-ZIP **NEW YORK NY 10019**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BANNON, KATHLEEN**
STREET ADDRESS **6493 VIA REGINA**
CITY-ST-ZIP **BOCA RATON FL 33433**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Bannon, Executive Director **2/6/96**

Date

Daytime Phone #

CR2E037 (12/95)