

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

3900 CATHEDRAL AVENUE NW  
SUITE 611A  
WASHINGTON DC 20016  
US6493 VIA REGINA  
BOCA RATON FL 33433-39073. Date Incorporated or Qualified  
08/22/19943a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

Country

29 Zip

Country

4. FEI Number  
52-1441521Applied 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANNON, KATHLEEN  
6493 VIA REGINA  
BOCA RATON FL 3343381 Name *NO CHANGE*

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

*Kathleen A. Bannon*

KATHLEEN A. BANNON

EXECUTIVE  
DIRECTOR

1/8/97

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FAGAN, NORMAN	
STREET ADDRESS	STAR ROUTE BOX 259	
CITY - ST - ZIP	RED HOUSE WV	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIERCE, MARGARET	
STREET ADDRESS	3829 GARFIELD ST., N.W.	
CITY - ST - ZIP	WASHINGTON DC 20007	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LLOYD, ISABELLE	
STREET ADDRESS	325 SOUTH LAKE DRIVE	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANNON, KATHLEEN	
STREET ADDRESS	6493 VIA REGINA	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Kathleen A. Bannon*

KATHLEEN A. BANNON

Date

Daytime Phone # 0042018

CR2E037 (9/96)

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