


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90116 019 \*\*\*\*61.25

0043945

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>                                |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # F94000004348</b>   |  |   |   |  |  |
| 1. Corporation Name<br><b>INTERNATIONAL ARTS ENTERPRISES, INC.</b>                                 |  |   |   |  |  |
| Principal Place of Business<br>3900 CATHEDRAL AVENUE NW<br>SUITE 611A<br>WASHINGTON DC 20016<br>US |  |   | Mailing Address<br>6493 VIA REGINA<br>BOCA RATON FL 33433 |  |  |



|                                |  |                        |  |  |  |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  |  |
| 21 3900 CATHEDRAL AVENUE NW    |  | 26 Suite, Apt. #, etc. |  | 08/22/1994   |  |
| 22 SUITE 613A                  |  | 27 City & State        |  | 4. FEI Number  |  |
| 23 WASHINGTON DC               |  | 28 Zip                 |  | 52-1441521   |  |
| 24 20016                       |  | 25 US                  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
|                                |  | 29 Country             |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
|                                |  | 30                     |  | Trust Fund Contribution <input type="checkbox"/>   |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent            |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| BANNON, KATHLEEN<br>6493 VIA REGINA<br>BOCA RATON FL 33433 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |
|  |  |  |  | 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 BANNON - DIRECTOR DATE 11/21/99

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |
|----------------------------|-------------------------|---|----------------------------|
| TITLE                      | PD                      | 1.1 TITLE   |                            |
| NAME                       | PIERCE, MARGARET        | 1.2 NAME  |                            |
| STREET ADDRESS             | 3829 GARFIELD ST., N.W. | 1.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                | WASHINGTON DC           | 1.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | SD                      | 2.1 TITLE   |                            |
| NAME                       | LLOYD, ISABELLE         | 2.2 NAME  | LLOYD, ISABELLE            |
| STREET ADDRESS             | 325 SOUTH LAKE DRIVE    | 2.3 STREET ADDRESS                                    | 32 RUE DU COMMANDANT ANDRE |
| CITY-ST-ZIP                | PALM BEACH FL           | 2.4 CITY-ST-ZIP                                       | CANINES, FRANCE 06400      |
| TITLE                      | MD                      | 3.1 TITLE   |                            |
| NAME                       | BANNON, KATHLEEN        | 3.2 NAME  |                            |
| STREET ADDRESS             | 6493 VIA REGINA         | 3.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                | BOCA RATON FL           | 3.4 CITY-ST-ZIP                                       |                            |
| TITLE                      |                         | 4.1 TITLE   |                            |
| NAME                       |                         | 4.2 NAME  |                            |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |                            |
| TITLE                      |                         | 5.1 TITLE   |                            |
| NAME                       |                         | 5.2 NAME  |                            |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |                            |
| TITLE                      |                         | 6.1 TITLE   |                            |
| NAME                       |                         | 6.2 NAME  |                            |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |                            |

14. I 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, with all other like empowered.

SIGNATURE: KATHLEEN BANNON DATE 11/21/99 (561)394-4475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)