

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 045 ****61.25

DOCUMENT # F97000003162

Corporation Name
AMERICAN CULTURAL EXCHANGE CORPORATION

Principal Place of Business
200 W. MERCER ST., STE. 504
SEATTLE WA 98119
MERCER ST.
Mailing Address
200 W. MERCER ST., STE. 504
SEATTLE WA 98119
MERCER ST.



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 23-7380046	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		9. Name and Address of Current Registered Agent	
25		29		30	
WOODWARD, DAVID JOHNSON & WATES UNIVERSITY, FLORIDA CAMPUS 1701 NE 127TH ST. NORTH MIAMI FL 33181		81 Name		10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		FL 85 Zip Code	

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.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	CPT BARD, BURTON E JR. 18707 - 25TH NE SEATTLE WA 98155	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E	V LEE, ICK WHAN 10303 MERIDIAN AVE. N., STE. 301 SEATTLE WA 98133	1.2 NAME	
EET ADDRESS		1.3 STREET ADDRESS	
1-ST-ZIP		1.4 CITY-ST-ZIP	
E	S COWAN, PAMELA 1001 4TH AVE. PLAZA, STE. 3330 SEATTLE WA 98154	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E	D STAFFORD, BILL 1301 5TH AVE SEATTLE WA 98101	2.2 NAME	
EET ADDRESS		2.3 STREET ADDRESS	
1-ST-ZIP		2.4 CITY-ST-ZIP	
E		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
1-ST-ZIP		3.4 CITY-ST-ZIP	
E		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
1-ST-ZIP		4.4 CITY-ST-ZIP	
E		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
1-ST-ZIP		5.4 CITY-ST-ZIP	
E		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
1-ST-ZIP		6.4 CITY-ST-ZIP	

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Phone #

CR2E037 (5/99)