

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
 Mailing Address
 200 W. MERCER ST., STE. 504 SEATTLE WA 98119



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
City & State	City & State	5. Certificate of Status Desired
Zip	Zip	6. Election Campaign Financing
		8.75 Additional Fee Required
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
WOODWARD, DAVID
JOHNSON & WATES UNIVERSITY, FLORIDA CAMPUS
1701 NE 127TH ST.
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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
EE	V LEE, ICK WHAN 10303 MERIDIAN AVE. N., STE. 301 SEATTLE WA 98133	1.2 NAME	
ST-ZIP	S COWAN, PAMELA 1001 4TH AVE. PLAZA, STE. 3330 SEATTLE WA 98154	1.3 STREET ADDRESS	
E	D STAFFORD, BILL 1301 5TH AVE SEATTLE WA 98101	1.4 CITY-ST-ZIP	
EE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		2.2 NAME	
E		2.3 STREET ADDRESS	
EE		2.4 CITY-ST-ZIP	
ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		3.2 NAME	
EE		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
E		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EE		4.2 NAME	
ST-ZIP		4.3 STREET ADDRESS	
E		4.4 CITY-ST-ZIP	
EE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		5.2 NAME	
E		5.3 STREET ADDRESS	
EE		5.4 CITY-ST-ZIP	
ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		6.2 NAME	
EE		6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* 9/10/99 (206) 217-9649

CR2E037 (5/99)