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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N19721 (2)

1. Corporation Name

THE INTERNATIONAL AFFILIATION OF INDEPENDENT ACCOUNTING FIRMS' EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O ARTHUR GOESSEL
9200 S. DADELAND BLVD. #510
MIAMI FL 33156

C/O ARTHUR GOESSEL
9200 S. DADELAND BLVD. #510
MIAMI FL 33156-2713

3. Date

2. Principal Place of Business

2a. Mailing Address

4. FEI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certifi

City & State

City & State

6. Electio
Trust Fi

Zip

Country

Zip

Country

8. This co
Florida

9. Name and Address of Current Registered Agent

10. Name

GOESSEL, ARTHUR
9200 S. DADELAND BLVD, #510
MIAMI FL 33156

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, AJ.	
STREET ADDRESS	3033 EAST 1ST AVENUE, SUITE 201	
CITY - ST - ZIP	DENVER CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUEBELMANN, LOUIS B.	
STREET ADDRESS	2629 BLACK FIR CT	
CITY - ST - ZIP	RESTON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPPER, PAUL	
STREET ADDRESS	1 PARK PL, CANARY WHARF	
CITY - ST - ZIP	LONDON, U.K.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINGS, ROY	
STREET ADDRESS	1285 WEST BROADWAY, SUITE 512	
CITY - ST - ZIP	VANCOUVER B.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROHNER, MARYANN	
STREET ADDRESS	STAMPFENBACHSTRASSE 153, CH-8035	
CITY - ST - ZIP	ZURICH SW	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILNEFF, ROBERT	
STREET ADDRESS	250 S WACKER DR #800	
CITY - ST - ZIP	CHICAGO IL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALBERTO VON ELLENRIEDER	
1.3 STREET ADDRESS	AV. MARIA COELHO DE AGUIAR, 215, BLOCAO A-6 ANDAR, CENTRO EMPRESARIAL-JARDIM	
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HUGH MCPHARLIN	
2.3 STREET ADDRESS	GPO BOX 2163, FELIX BOIX, ENGREPLANTA, ADELAIDE, S.A. 5001, AUSTRALIA	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027605

CR2E037 (9/96)

6-1997 Educational Foundation
Board of Directors
Arto Von Ellenrieder
cinhas & Campos
Maria Coelho de Aguiar, 215
cao A - 6 andar
Centro Empresarial - Jardim
Luis 05804-900
Paulo - SP - Brazil

1/30/97

303-324-7287