


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N19721 (2)</b> 1. Corporation Name <b>THE INTERNATIONAL AFFILIATION OF INDEPENDENT ACCOUNTING FIRMS' EDUCATIONAL FOUNDATION, INC.</b>			
Principal Place of Business <b>C/O ARTHUR GOESSEL 9200 S. DADELAND BLVD. #510 MIAMI FL 33156</b>		Mailing Address <b>C/O ARTHUR GOESSEL 9200 S. DADELAND BLVD. #510 MIAMI FL 33156</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>03/18/1987</b>			
4. FEI Number <b>59-2963925</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>GOESSEL, ARTHUR 9200 S. DADELAND BLVD, #510 MIAMI FL 33156</b>		10. Name and Address of New Registered Agent 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, AJ.</b>	1.2 NAME	
STREET ADDRESS	<b>3033 EAST 1ST AVENUE, SUITE 201</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DENVER CO</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCPHARLIN, HUGH</b>	2.2 NAME	
STREET ADDRESS	<b>GPO BOX 2163, FELIX BOIX, ENGREPLANTA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ADELAIDE S.</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPPER, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>1 PARK PL, CANARY WHARF</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON, U.K.</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUMMINGS, ROY</b>	4.2 NAME	
STREET ADDRESS	<b>1285 WEST BROADWAY, SUITE 512</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VANCOUVER B.</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROHNER, MARYANN</b>	5.2 NAME	
STREET ADDRESS	<b>STAMPFENBACHSTRASSE 153, CH-8035</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZURICH SW</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILNEFF, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>250 S WACKER DR #800</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	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.		ARTHUR D. GOESSEL 9200 S. DADELAND BLVD., SUITE 510 MIAMI FL 33156	



CR2E037 (10/97)

SIGNATURE: ARTHUR D. GOESSEL 3/10/98 305670 0580