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**Mar 30, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N19721**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/18/1987

4. FEI Number

59-2963925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE

NAME **ROBBINS, AJ.**

STREET ADDRESS **3033' EAST 1ST AVENUE, SUITE 201**

CITY-ST-ZIP **DENVER CO**

TITLE **D** ☐ DELETE

NAME **MCPHARLIN, HUGH**

STREET ADDRESS **GPO BOX 2163, FELIX BOIX, ENGREPLANTA**

CITY-ST-ZIP **ADELAIDE S.**

TITLE **D** ☐ DELETE

NAME **HOPPER, PAUL**

STREET ADDRESS **1 PARK PL, CANARY WHARF**

CITY-ST-ZIP **LONDON, U.K.**

TITLE **D** ☐ DELETE

NAME **CUMMINGS, ROY**

STREET ADDRESS **1285 WEST BROADWAY, SUITE 512**

CITY-ST-ZIP **VANCOUVER B.**

TITLE **D** ☐ DELETE

NAME **ROHNER, MARYANN**

STREET ADDRESS **STAMPFENBACHSTRASSE 153, CH-8035**

CITY-ST-ZIP **ZURICH SW**

TITLE **D** ☐ DELETE

NAME **GOESSEL, ARTHUR D.**

STREET ADDRESS **9200 S. DADELAND BLVD., SUITE 510**

CITY-ST-ZIP **MIAMI FL 33156**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

**SIGNATURE REQUIRED**

Arthur D. Gessel 3/24/99 305-6700580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0032449

CR2E037-(11/98)