2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N19721** Mar 20, 2000 8:00 am 1. Entity Name Secretary of State THE INTERNATIONAL AFFILIATION OF INDEPENDENT ACC 03-20-2000 90032 011 ****61.25 Mailing Address Principal Place of Business C/O ARTHUR GOESSEL C/O ARTHUR GOESSEL 9200 S. DADELAND BLVD. #510 9200 S. DADELAND BLVD. #510 MIAMI FL 33156-2713 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2963925 Not Applicable Zip Country \$8.75 Additional Country Zìo 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GOESSEL ARTHUR 9200 S. DADELAND BLVD, #510 **MIAMI FL 33156** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ★ Addition TITI F N Delete TITLE ROBBINS, AJ. FALLS, BOYD P. NAME NAME STREET ADDRESS 28203 3033 EAST 1ST AVENUE, SUITE 201 114 WEST BLAND ST., CHARLOTTE NC STREET ADDRESS CITY-ST-ZII CITY-ST-ZIF DENVER CO Change ☐ Addition ☐ Delete TITLE TITLE NAME MCPHARLIN, HUGH NAME STREET ADDRESS GPO BOX 2163, FELIX BOIX, ENGREPLANTA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ADELAIDE S. ☐ Change Addition X Delete TITLE HOPPER, PAUL NAME MOORE, DAVID NAME 1 PARK PL, CANARY WHARF STREET ADDRESS STREET ADDRESS .022 PANDORA AVE, PO BOX 516, VICTORIA, BC CITY-ST-ZIP CITY-ST-ZIP LONDON, U.K. <u>'8W 2N8, CANADA</u> ☐ Change Addition TITLE TITLE Delete **CUMMINGS, ROY** NAME CUTHILL, R.W. STREET ADDRESS 1285 WEST BROADWAY, SUITE 512 STREET ADDRESS 1031 W. MORSE BLVD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP VANCOUVER B. INTER PARK FL 32789 TITLE ☐ Delete Change Addition NAME ROHNER, MARYANN STREET ADDRESS STAMPFENBACHSTRASSE 153, CH-8035 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZURICH SW Change Addition ☐ Delete TITLE TITLE GOESSEL, ARTHUR D. NAME STREET ADDRESS 9200 S. DADELAND BLVD., SUITE 510 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

305 670 0580

Daytime Phone #