
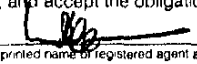
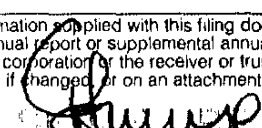


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 04 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 # N41273 (6) 1. Corporation Name INTERCULTURA OVERSEAS EXCHANGE ASSOCIATION, INC.			
Principal Place of Business 501 BRICKELL KEY DR. SUITE 300 MIAMI FL 33131 US		Mailing Address 501 BRICKELL KEY DR. SUITE 300 MIAMI FL 33131-2608 US	
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 12/17/1990		3a. Date of Last Report 06/05/1996	
4. FEI Number 65-0243705		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent EVANS, LAWRENCE S., ESQ. 501 BRICKELL KEY DR. SUITE 300 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 1900 84 City FL 85 Zip Code Miami 33131	
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  (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, ANTONIO FILGUEIRAS	1.2 NAME	
STREET ADDRESS	RUA PROF.DIAS DE ROCHA	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORTLEZA-CE-BRAZIL	1.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOCKE, EDWARD ERNEST	2.2 NAME	
STREET ADDRESS	501 BRICKELL KEY DRIVE #300	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, LAWRENCE S	3.2 NAME	
STREET ADDRESS	501 BRICKELL KEY DRIVE #300	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWOOD, AIMEE	4.2 NAME	
STREET ADDRESS	501 BRICKELL KEY DRIVE #300	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKETT, RAYMOND	5.2 NAME	
STREET ADDRESS	501 BRICKELL KEY DRIVE #300	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 ANTONIO F. LIMA 4/27/97 (205) 670-4408	

CR2E037 (9/96)