2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 18, 2004 08:00 AM DOCUMENT # N46233 Secretary of State 1. Entity Name INTER AMERICAN CULTURAL ARTS FOUNDATION, INCORPORATED Principal Place of Business Mailing Address %JORGE BEZ CHABEBE 234 ANTIQUERA AVE, APT 12 CORAL GABLES FL 33134 %JORGE BEZ CHABEBE 234 ANTIQUERA AVE, APT 12 CORAL GABLES FL 33134 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0310932 Not Applicable Zip Country Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRI END, BROOKE & GORDON, P.A. 201 ALHAMBRA CIRCLE, SUITE 1200 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE ☐ Change ☐ Addition CHABEBE, JORGE BEZ NAME NAME U00000055634 234 ANTIQUERA AVE APT 12 STREET ADDRESS STREET ADDRESS 02/18/04-80011-003 70.00 CORAL GABLES FL CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TIPLE ☐ Change ☐ Addition BADUE, JOSE FERNANDEZ NAME NAME 4301 SW 132 AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ALONZO, OLGA NAME NAME 2416 SW 101 COURT STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP מד TITLE Delete TITLE ☐ Change ☐ Addition GUERRA, PEDRO NAME NAME 7860 SW 28 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

K Jorge By Clabeth
RINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**