2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46233

FILED Apr 23, 2009 Secretary of State

Entity Name: INTER AMERICAN CULTURAL ARTS FOUNDATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

%JORGE BEZ CHABEBE 234 ANTIQUERA AVE 234 ANTIQUERA AVE, APT 12 APT 12

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

%JORGE BEZ CHABEBE 234 ANTIQUERA AVE

234 ANTIQUERA AVE, APT 12 APT 12 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

FEI Number: 65-0310932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRI END. BROOKE & GORDON, P.A. 201 ÁLHAMBRA CIRCLE, SÚITE 1200 CORAL GABLES, FL 33134 US

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

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CHABEBE, JORGE BEZ CHABEBE, JORGE B Name: Name: 234 ANTIQUERA AVE APT 12 Address: 234 ANTIQUERA AVE APT 12 Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL

Title: () Delete Title: VD (X) Change () Addition

BADUE, JOSE FERNANDEZ Name: BADUE, JOSE F Name: Address: 4301 SW 132 AVE Address: 4301 SW 132 AVE City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL

Title: () Delete Title: () Change () Addition

ALONZO, OLGA Name: Name: 2416 SW 101 COURT Address: Address: City-St-Zip: MIAMI, FL City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

GUERRA, PEDRO Name: Name: GUERRA, PEDRO L 7860 SW 28 ST Address: 7860 SW 28 ST Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE B CHABEBE PD 04/23/2009