

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000005109 (0)**  
1. Corporation Name

**INTERCULTURE FOUNDATION OF AMERICA, INC.**



Principal Place of Business <b>901 S SURF RD #402 HOLLYWOOD FL 33019</b>	Mailing Address <b>901 S SURF RD #402 HOLLYWOOD FL 33019</b>
---	---

3. Date Incorporated or Qualified <b>09/10/1997</b>	
4. FEI Number <b>65-0789536</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 <b>2080 So Ocean Drive</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>2080 So Ocean Drive</b> Suite, Apt. #, etc. 27
City & State 23 <b>Hallandale, FL</b> Zip 24 <b>33009</b> Country 25 <b>USA</b>	City & State 28 <b>Hallandale, FL</b> Zip 29 <b>33009</b> Country 30 <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SANTOS, MAURO C 25 SE 2ND AVENUE SUITE 1235 MIAMI FL 33131</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D Haidacher, Hans</b>
STREET ADDRESS	<b>901 S SURF RD #402</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D COHEN, JACOB</b>
STREET ADDRESS	<b>857 NW 81ST WAY</b>
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HUEBL, STEFAN</b>
STREET ADDRESS	<b>1407 FUNSTON RD</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D TITSCH, GUENTER</b>
STREET ADDRESS	<b>AM WEINGARTEN 3</b>
CITY-ST-ZIP	<b>D35412 POHHEIM GERMANY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HORVATH, PIROSKA</b>
STREET ADDRESS	<b>AM WEINGARTEN 3</b>
CITY-ST-ZIP	<b>D35412 POHHEIM GERMANY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D/P</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D/S</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D/T</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Hans Haidacher, President 1/30/98 (954) 456-5630

CR2E037 (10/97)