

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90016 044 ****61.25

0022720

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005109

1. Corporation Name

INTERCULTURE FOUNDATION OF AMERICA, INC.

Principal Place of Business

**2080 SOUTH OCEAN DRIVE
HALLANDALE FL 33009
US**

Mailing Address

**2080 SOUTH OCEAN DRIVE
HALLANDALE FL 33009
US**



2. Principal Place of Business

**21 499 E. Sheridan St.
Suite, Apt. #, etc. #205**

2a. Mailing Address

**26 499 E. SHERIDAN ST.
Suite, Apt. #, etc. #205**

3. Date Incorporated or Qualified

09/10/1997

4. FEI Number

65-0789536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

23 DANIA BEACH FL

City & State

28 DANIA BEACH FL

Zip

24 33004 25 USA

Zip

29 33004 30 USA

9. Name and Address of Current Registered Agent

**SANTOS, MAURO C
25 SE 2ND AVENUE SUITE 1235
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HAIDACHER, HANS**
STREET ADDRESS **901 S SURF RD #402**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **DS** ☐ DELETE
NAME **COHEN, JACOB**
STREET ADDRESS **857 NW 81ST WAY**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **DT** ☐ DELETE
NAME **HUEBL, STEFAN**
STREET ADDRESS **1407 FUNSTON RD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☐ DELETE
NAME **TITSCH, GUENTER**
STREET ADDRESS **AM WEINGARTEN 3**
CITY-ST-ZIP **D35412 POHHEIM GERMANY**

TITLE **D** ☐ DELETE
NAME **HORVATH, PIROSKA**
STREET ADDRESS **AM WEINGARTEN 3**
CITY-ST-ZIP **D35412 POHHEIM GERMANY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacob Cohen, Director **6/16/99** **(954) 925-9399**

CR2E037 (11/98)