

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011665

Entity Name: INTER USA ACADEMY, INC.**Current Principal Place of Business:**4717 SW 183RD AVE
MIRAMAR, FL 33029**Current Mailing Address:**4717 SW 183RD AVE
MIRAMAR, FL 33029**FEI Number: 81-4643481****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**D'AMICO, SYLVIA
4717 SW 183RD AVE
MIRAMAR, FL 33029 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P	Title	T
Name	DANIELS, JULIA	Name	MALDONADO, MILLIE
Address	4717 SW 183RD AVE	Address	4717 SW 183RD AVE
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIRAMAR FL 33029
Title	D	Title	S
Name	ALCERRO, RICARDO	Name	CHAMORRO, MAX
Address	4717 SW 183RD AVE	Address	4717 SW 183RD AVE
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIRAMAR FL 33029
Title	D	Title	D
Name	D'AMICO, SYLVIA	Name	LOWERY, JAMES
Address	4717 SW 183RD AVE	Address	4717 SW 183RD AVE
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIRAMAR FL 33029

I hereby 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 all other like empowered.

SIGNATURE: RICARDO ALCERRO**DIRECTOR****02/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date