

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000542

**FILED  
Jun 28, 2018  
Secretary of State  
CC2153607858**

**Entity Name:** THE ICLA DASILVA FOUNDATION INC.

**Current Principal Place of Business:**

311 WEST 43RD STREET  
12TH FLOOR  
NEW YORK, NY 10036

**Current Mailing Address:**

311 WEST 43RD STREET  
12TH FLOOR  
NEW YORK, NY 10036 US

**FEI Number: 13-3677332**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WESLEY, CARLOS JR.  
21195 HELMSMAN DRIVE/ F-13  
AVENTURA, FL 33180 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           TREASURER  
Name           WUERTELE, ANDREW  
Address        333 E 55TH STREET  
City-State-Zip: NEW YORK NY 10022

Title           DIRECTOR  
Name           HIGHT, NORTON  
Address        118 EAST 60TH STREET, APT # 23C  
City-State-Zip: NEW YORK NY 10022

Title           PRESIDENT  
Name           DA SILVA, AIRAM  
Address        2626 REAGAN STREET  
                  437  
City-State-Zip: DALLAS TX 75219

Title           SECRETARY  
Name           KALA, MAXYM  
Address        34-22 28TH STREET, APT. 3F  
City-State-Zip: NEW YORK NY 11106

Title           DIRECTOR  
Name           ITSKOWITCH, LAWRENCE  
Address        531 MAIN STREET  
City-State-Zip: NEW YORK NY 10044

Title           DIRECTOR  
Name           TICHAUER, RENATO  
Address        250 E 65TH STREET, APT. 9H  
City-State-Zip: NEW YORK NY 10021

Title           CHAIRMAN  
Name           AUSTIN, SHAWN  
Address        95 MAPLE STREET  
City-State-Zip: BROOKLYN NY 11225

*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: AIRAM DA SILVA**

**PRESIDENT**

**06/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date