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FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767316** (3)
1. Corporation Name
INTER-AMERICAN SOCIETY FOR CHEMOTHERAPY, INC.



Principal Place of Business 1115 E KENNEDY BLVD (33602) PO BOX 2380 TAMPA FL 33601-2380	Mailing Address UTAH STATE UNIVERSITY DEPT. ADVS LOGAN UT 84332 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/07/1983	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2386280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRANKEL, JACK 1115 E. KENNEDY BLVD. TAMPA FL 33602	
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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	D <input type="checkbox"/> DELETE
NAME	FELD, RONALD
STREET ADDRESS	500 SHERBOURNE ST. PRINCESS MARGARET HOSP.
CITY-ST-ZIP	TORONTO ON
TITLE	PD <input type="checkbox"/> DELETE
NAME	BERGERON, MICHEL
STREET ADDRESS	2705 BOULE LAURIER
CITY-ST-ZIP	ST. FOY (QUEBEC) CANADA
TITLE	TD <input type="checkbox"/> DELETE
NAME	WARREN, REED P
STREET ADDRESS	UTAH STATE UNIVERSITY
CITY-ST-ZIP	LOGAN UT
TITLE	SD <input type="checkbox"/> DELETE
NAME	GUSTAVO-GERCOVISH, FELIPE
STREET ADDRESS	PSIO 2 APT 7
CITY-ST-ZIP	BUENOS AIRES AR
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANKEL, JACK
STREET ADDRESS	1115 E. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33602
TITLE	D <input type="checkbox"/> DELETE
NAME	SIDWELL, ROBERT W
STREET ADDRESS	UTAH STATE UNIVERSITY
CITY-ST-ZIP	LOGAN UT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 do 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: *Reed P. Warren* Reed P. Warren 1-14-97 801/797-1924

CR2E037 (9/96)