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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767316

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 5600 UNIVERSITY BLVD Old Main Hill LOGAN UT 84322-5600 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2386280
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24	Zip Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FRANKEL, JACK
1115 E. KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

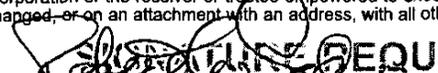
12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FELD, RONALD	
STREET ADDRESS	500 SHERBOURNE ST. PRINCESS MARGARET HOSP.	
CITY-ST-ZIP	TORONTO ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGERON, MICHEL	
STREET ADDRESS	2705 BOULE LAURIER	
CITY-ST-ZIP	ST. FOY (QUEBEC) CANADA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LERNER, STEVEN	
STREET ADDRESS	3990 JOHN RD	
CITY-ST-ZIP	DETROIT MI	
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	TD	<input type="checkbox"/> DELETE
NAME	SIDWELL, ROBERT W	
STREET ADDRESS	UTAH STATE UNIV, 5600 UNIV BLVD	
CITY-ST-ZIP	LOGAN UT 84322	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dillman, Robert	
1.3 STREET ADDRESS	Hoag Memorial Cancer Research Institute	
1.4 CITY-ST-ZIP	Newport Beach, CA	
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 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:  **REQUIRED** Robert W. Sidwell 01-07-99 (435) 797-1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)