FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:30

DOCUMENT # N10554 (6)

1. Corporation Name
INTERNATIONAL CHILDREN'S FOUNDATION, INC.

Principal Place of Business	Mailing Address
8620 N.E. 2ND AVENUE MIAMI FL 33138	8620 N.E. 2ND AVENUE MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2583756 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

HIGGINS, ROBERT H
8620 N.E. 2ND. AVENUE
MIAMI FL 33138

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SIGLER, VICTORIA	1.2 NAME	
STREET ADDRESS	175 NW 101ST ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	LORENZO, DOLORES	2.2 NAME	
STREET ADDRESS	3231 CORAL SPRINGS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	FORD, DALE	3.2 NAME	
STREET ADDRESS	10627 NE 11 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BERNSTEIN, JOAN N	4.2 NAME	
STREET ADDRESS	4000 TOWERSIDE TERRACE, APT. 906	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DE VENGOCHEA, NILSA	5.2 NAME	
STREET ADDRESS	820 CORTEZ ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GALES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	DALRYMPLE, DEE	6.2 NAME	Kari Sorstrand Conlon
STREET ADDRESS	107 NE 91ST ST.	6.3 STREET ADDRESS	1615 Lakeshore Circle
CITY-ST-ZIP	MIAMI SHORES FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33326

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joan Bernstein — 1/25/95 — (305) 751-9600
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

Joan Bernstein, Secretary

0041075