

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10554 (6)
1. Corporation Name
INTERNATIONAL CHILDREN'S FOUNDATION, INC.



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

Mailing Address
**8620 N.E. 2ND AVENUE
MIAMI FL 33138**

3. Date Incorporated or Qualified
08/05/1985

3a. Date of Last Report
01/30/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIGLER, VICTORIA	
STREET ADDRESS	175 NW 101ST ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LORENZO, DOLORES	
STREET ADDRESS	3231 CORAL SPRINGS DR.	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORD, DALE	
STREET ADDRESS	10627 NE 11 AVE.	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, JOAN N	
STREET ADDRESS	4000 TOWERSIDE TERRACE, APT. 906	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE VENGOCHIA, NILSA	
STREET ADDRESS	820 CORTEZ ST.	
CITY - ST - ZIP	CORAL GALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLON, KARI SORSTRAND	
STREET ADDRESS	1615 LAKESHORE CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONLON, Kari Sorstrand	
1.3 STREET ADDRESS	1615 Lakeshore Circle	
1.4 CITY - ST - ZIP	Ft. Lauderdale, Florida 33326	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ellen Levy	
2.3 STREET ADDRESS	2501 Brickell Avenue, Apt. 1204	
2.4 CITY - ST - ZIP	Miami, Florida 33133	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dolores Lorenzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

Date

(305) 751-9600

Daytime Phone #

CR2E037 (12/95)