

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 23 1997 8:00am
Secretary of State

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**

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MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1985

3a. Date of Last Report

02/26/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P CONLON, KARI SORTRAND**
STREET ADDRESS **1615 LAKESHORE CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **V LORENZO, DOLORES**
STREET ADDRESS **3231 CORAL SPRINGS DR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE
NAME **F FORD, DALE**
STREET ADDRESS **10827 NE 11 AVE.**
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE ☐ DELETE
NAME **S BERNSTEIN, JOAN N**
STREET ADDRESS **4000 TOWERSIDE TERRACE, APT. 906**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D DE VENGOCHIA, NILSA**
STREET ADDRESS **820 CORTEZ ST.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME **D CONLON, KARI SORSTRAND**
STREET ADDRESS **1615 LAKESHORE CIRCLE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED

CP2E037 (4/97)