SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

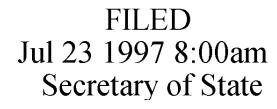
DOCUMENT # N10554

(6)

INTERNATIONAL CHILDREN'S FOUNDATION, INC.

Principal Place of Business

Mailing Address





Principal Place of Business				Making 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. Da	te of L			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ť	ΤAρ	plied For	
21			26						59-2583756			Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	K Í	\$8.75 Additional Fee Required			
City & State				City & State					A Floring Constitution				<u> </u>	
23			28						Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Zip Country		Zip Cour			Country	ntry		8. This corporation owes or has pa	aid the curr	rent ye	ar Inte	angible	
24	25		29		30	<u> </u>			Personal Property Tax due June	·	Yes	<u>L</u>) No	
	g, Name and Addre	ss of Current	Regi	stered Agent					10. Name and Address of New Re	gistered /	igent			
						81	1	Name						
WIGGINS, ROBERT H 8620 N.E. 2ND. AVENUE MIAMI FL 33138							3	Street Addre	dress (P.O. Box Number is Not Acceptable)					
							┝							
***************************************						84	-	City			85	Zip (Code	
							1	•		FL	-1 1			
agent. I a	m familiar with, and acc								oration submits this statement for the pon's board of directors. I hereby accessed when reinstating)	DATE				
12.		FFICERS AND			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRE	CTOR	S IN 12	
TITLE	P			DELE'	TE	1.1 TITLE	_				☐ Ch	ange	Addition	
NAME	CONLON, KARI SO	ORTRAND				1.2 NAME								
STREET ADDRESS	1615 LAKESHORE					1.3 STREET	T AD	DDRESS						
CITY-ST-ZIP	FT LAUDERDALE I					1.4 CITY - 9	ST-Z	ZIP						
TITLE	V	_		DELE'	ΤΈ	2.1 TITLE		-			Cr	ange	Addition	
NAME	LORENZO, DOLOF	RES				2.2 NAME								
STREET ADDRESS	3231 CORAL SPRI					2.3 STREET	T AD	OORESS						
CITY-ST-ZIP	CORAL SPRINGS					2. 4 CITY-	ST-	ZIP						
TITLE				DELE	TE	3.1 TITLE					Ct	ange	Addition	
NAME	FORD, DALE					3.2 NAME								
STREET ADDRESS	10627 NE 11 AVE	i				3.3 STREET	T AD	DDRESS						
CITY-ST-ZIP	MIAMI SHORES FL					3.4. CITY-	ST-	ZIP						
TITLE	8			☐ D€LE	TE	4.1 TITLE				_	☐ Ct	ange	Addition	
NAME	BERNSTEIN, JOAN					4. 2 NAME								
STREET ADDRESS	4000 TOWERSIDE	TERRACE, A	PT.	906		4.3 STREET	T AD	DDRESS						
CITY-ST-ZIP	MIAMI FL					4.4 CITY-5	ST-Z	ZIP						
TITLE	D			☐ DELE	TE	5.1 TITLE					Cr	iange	Addition	
NAME	DE VENGOCHEA,	NILSA				5.2 NAME								
STREET ADDRESS	820 CORTEZ ST.					5.3 STREET	T AD	ODRESS						
CITY-ST-ZIP	CORAL GALES FL					5.4 CITY-5	ST-	ZIP						
TITLE	D			DELE:	TE	6.1 TITLE					☐ CI	iange	☐ Addition	
NAME	CONLON, KARI S					6.2 NAME								
STREET ADDRESS	1615 LAKESHORE					6.3 STREET	T AD	ODRESS						
CITY-ST-ZIP	FT. LAUDERDALE					6.4 CITY-				<u>.</u>				
14 I do bere	by certify that the inform	ation supplied	with	this filing does not	t qualify fo	or the exe	emi	otion stated	in Section 119.07(3)(i), Florida Statute	es. I furthe	certif	v that	the	

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 is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 the chapter on an attachment with an address.

CR2E037 (4/9)