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Secretary of State

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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 # N10554

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~~



2. Principal Place of Business 21 2801 PONCE DE LEON BLVD Suite, Apt. #, etc. 22 SUITE 1170 City & State 23 CORAL GABLES FL Zip 24 33134	2a. Mailing Address 26 2801 PONCE DE LEON BLVD Suite, Apt. #, etc. 27 SUITE 1170 City & State 28 CORAL GABLES FL Zip 29 33134	3. Date Incorporated or Qualified 08/05/1985 4. FEI Number 59-2583756 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AGOSTA, ARACELI~~
~~8620 NE 2ND AVENUE~~
~~MIAMI FL 33138~~

81 Name HILDA FLURIACH	82 Street Address (P.O. Box Number is Not Acceptable) 8364 SW 44 STREET
83 MIAMI, FL	84 City MIAMI
85 Zip Code 33155	

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

Hilda Fluriach

4-1-99

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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CONLON, KARI SORTRAND		1.2 NAME JUAN E. FIGUERAS	
STREET ADDRESS 1615 LAKESHORE CIRCLE		1.3 STREET ADDRESS 4709 SW 143 AVE	
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP MIAMI FL 33175	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LORENZO, DOLORES		2.2 NAME MARIA CONSUEGRA	
STREET ADDRESS 3231 CORAL SPRINGS DR.		2.3 STREET ADDRESS 11479C SW 109 RD	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP MIAMI FL 33176	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FORD, DALE		3.2 NAME RAFAEL SOLERNOU	
STREET ADDRESS 10627 NE 11 AVE.		3.3 STREET ADDRESS 6653 SW 92 AVE	
CITY-ST-ZIP MIAMI SHORES FL		3.4 CITY-ST-ZIP MIAMI FL 33173	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERNSTEIN, JOAN N		4.2 NAME MERLEDES DE LOS SANTOS	
STREET ADDRESS 4000 TOWERSIDE TERRACE, APT. 906		4.3 STREET ADDRESS 9331 SW 76 ST	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP MIAMI FL 33173	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DE VENGOCHEA, NILSA		5.2 NAME BEATRIZ QUESEP	
STREET ADDRESS 820 CORTEZ ST.		5.3 STREET ADDRESS 9770 SW 20 ST	
CITY-ST-ZIP CORAL GABLES FL		5.4 CITY-ST-ZIP MIAMI FL 33165	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONLON, KARI SORSTRAND		6.2 NAME	
STREET ADDRESS 1615 LAKESHORE CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		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:

SIGNATURE REQUIRED

4/29/99 305-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN E. FIGUERAS

Date

Daytime Phone #

CR2E037 (1/98)