

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90053 030 ****61.25

DOCUMENT # N10554

1. Entity Name

INTERNATIONAL CHILDREN'S FOUNDATION, INC.



Principal Place of Business

2801 PONCE DE LEON BLVD
SUITE 1170
CORAL GABLES FL 33134
US

Mailing Address

2801 PONCE DE LEON BLVD
SUITE 1170
CORAL GABLES FL 33134
US

2. Principal Place of Business

11030 N. Kendall Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami FL

Zip

33176

Country

USA

3. Mailing Address

11030 N. Kendall Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami FL

Zip

33176

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-2583756

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLURIACH, HILDA

8364 SW 44 STREET

MIAMI FL 33155

9021 SW 17 STREET
33165

7. Name and Address of New Registered Agent

Name

Hilda Fluriach

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

9021 SW 17 Street

City

Miami

FL

Zip Code

33165

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Hilda Fluriach

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

(NOTE: Registered Agent signature required when reinstating)

2/6/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME FIGUERAS, JUAN E
STREET ADDRESS 4709 SW 143 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME CONSUEGRA, MARIA
STREET ADDRESS 11479C SW 109 RD
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME SOLERNOU, RAFAEL
STREET ADDRESS 6653 SW 92 AVE
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete
NAME QUESEP, BEATRIZ
STREET ADDRESS 9770 SW 20 ST
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/04 (305) 757-9600

Daytime Phone #