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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90032 035 \*\*\*\*70.00

0035388

DOCUMENT # N26897

1. Corporation Name

INTERNATIONAL HUMANITY HEALTH SERVICES, INC.

Principal Place of Business

14871 N.E. 14 AVE  
NORTH MIAMI FL 33161  
US

Mailing Address

P O BOX 381945  
MIAMI FL 33138  
US



2. Principal Place of Business

21 5609 N.W. 7TH AVE.

Suite, Apt. #, etc.

22 SUITE # 2

City & State

23 MIAMI, FL.

Zip Country

24 33127 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country 30

3. Date Incorporated or Qualified

06/10/1988

4. FEI Number

65-0078369

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

9. Name and Address of Current Registered Agent

AKPAETI, IMO (IDIKPOL) → IDIKPOI  
14871 N.E. 14 AVE.  
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

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

*IMO AKPAETI* IMO AKPAETI

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 D ☐ DELETE

NAME AKPAETI, IMO (IDIKPOL)

STREET ADDRESS 14871 NE 14 AVE

CITY-ST-ZIP N MIAMI FL

TITLE D ☐ DELETE

NAME BLACKWOOD, FAITH

STREET ADDRESS 14871 NE 14 AVE

CITY-ST-ZIP NORTH MIAMI FL

TITLE D ☐ DELETE

NAME DAVIS, KWENDACHINI

STREET ADDRESS 181 N.W. 87TH STREET

CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

*IMO AKPAETI* IMO AKPAETI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 5/99 (305) 156-0000

CR2E037 (11/98)