


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 037 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003278					
1. Corporation Name INTERNATIONAL INSTITUTE FOR HEALTHCARE AND HUMAN DEVELOPMENT, INC.					
Principal Place of Business 2602 SAN DOMINGO STREET CORAL GABLES FL 33134			Mailing Address 2602 SAN DOMINGO STREET CORAL GABLES FL 33134		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0643642	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIPOS, ANDREW L JR 250 BIRD ROAD SUITE 302 CORAL GABLES FL 33146 DELETE				81 Name PHILIP B. EVERINGHAM			
				82 Street Address (P.O. Box Number is Not Acceptable) 2602 SAN DOMINGO STREET			
				83			
				84 City CORAL GABLES FL 85 Zip Code 33134			

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 Philip B. Everingham DATE 9-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOURIST, JAY E			1.2 NAME			
STREET ADDRESS	10650 SW 137TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVERINGHAM, PHILIP			2.2 NAME			
STREET ADDRESS	2602 SAN DOMINGO STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRIEGER, JOE			3.2 NAME	ELLIOT LOWENSTEIN		
STREET ADDRESS	820 EAST PARK AVENUE, SUITE 1-100			3.3 STREET ADDRESS	2100 SALZEDO - #303		
CITY-ST-ZIP	TALLAHASSEE FL 32301			3.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSS, DONALD			4.2 NAME			
STREET ADDRESS	8630 S.W. 118TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TWOMEY, WILLIAM			5.2 NAME	Tim McDermott		
STREET ADDRESS	2021 WAHALAW NEE NEE			5.3 STREET ADDRESS	6535 N.W. 84 AVENUE		
CITY-ST-ZIP	TALLAHASSEE FL 32301			5.4 CITY-ST-ZIP	MIAMI, FLA. 33166		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEANE, GORDON			6.2 NAME	WALTON F. JAMES		
STREET ADDRESS	91-93 ST. VINCENTS STREET, P.O. BOX 943			6.3 STREET ADDRESS	9 SIMPSON DRIVE		
CITY-ST-ZIP	TRINIDAD PORT OF SPAIN WEST INDIE			6.4 CITY-ST-ZIP	PORT-OF-SPAIN, TRINIDAD, W.I.		

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: Philip B. Everingham TREAS/CHAMAN-ELECT 9-8-99 (305)547-4592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #