

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004967 (3)

1. Corporation Name

AMERICAN WORLDWIDE CHILDREN'S HEART FOUNDATION C ORP.

Principal Place of Business

Mailing Address

6365-2 BAY CLUB DRIVE
FORT LAUDERDALE FL 33308

6365-2 BAY CLUB DRIVE
FORT LAUDERDALE FL 33308-1644



3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report N/A
4. FEI Number 65-0712060	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALEK, ROGELIO A
6365-2 BAY CLUB DRIVE
FORT LAUDERDALE FL 33308

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALEK, ROGELIO	1.2 NAME	
STREET ADDRESS	6365-2 BAY CLUB DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYED, ZAKA	2.2 NAME	
STREET ADDRESS	201 SE 6TH AVENUE STE 9	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33060	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD new address only <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHENES, FRANK Cynthia	3.2 NAME	ROHENES, Cynthia
STREET ADDRESS	10405 NO KENDALL DRIVE NOB HILL WEST BLDG.	3.3 STREET ADDRESS	15800 Bull Run Road #461-F
CITY - ST - ZIP	MIAMI FL 33176	3.4 CITY - ST - ZIP	Miami Lakes, FL 33014
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD new address only <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHENES, FRANK	4.2 NAME	ROHENES, Frank
STREET ADDRESS	10405 NO KENDALL DRIVE NOB HILL WEST BLDG.	4.3 STREET ADDRESS	158000 BULL RUN ROAD #461-F
CITY - ST - ZIP	MIAMI FL 33176	4.4 CITY - ST - ZIP	Miami, FL 33104
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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.

Rogelio Malek, President

2-24-97 (95) 351-9833

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034237

CR2E037 (9/96)