

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005734 (6)

1. Corporation Name

FUNDACION INTERNACIONAL AMIGOS DEL NINO CON CANC
ER, INC.

Principal Place of Business

Mailing Address

1101 BRICKELL AVE
SUITE 1102-B
MIAMI FL 33131

1101 BRICKELL AVE
SUITE 1102-B
MIAMI FL 33131-3151

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

3. Date Incorporated or Qualified
10/31/1996

3a. Date of Last Report

2. Principal Place of Business

21 7440 SW 54 Court

2a. Mailing Address

26 7440 SW 54 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33143

Country

25 USA

Zip

29 33143

Country

30 USA

4. FEI Number

65-0714933

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ, BEATRIZ
1101 BRICKELL AVE
SUITE 1102-B
MIAMI FL 33131

81 Name

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

700002444877-4

83

-03/03/98--01014--005

84 City

***305.25 FL ***305.25

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MARQUEZ, EGDA
STREET ADDRESS 809 GROVE ISLAND
CITY-ST-ZIP COCONUT GROVE FL 33433

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MARTINEZ, BEATRIZ
STREET ADDRESS 1101 BRICKELL AVE, SUITE 1102-B
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME BOSCHETTI, ANELIS
STREET ADDRESS LEUCALANDRA 50
CITY-ST-ZIP CORAL GABLES FL 33131

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME GARCIA, ELISA H
STREET ADDRESS 2830 SW 22 AVE
CITY-ST-ZIP MIAMI FL 33133

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)