


FILE NOW: FILING FEE IS \$61.25

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

04-16-1999 90034 024 ****61.25

0035439

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N96000005734		
1. Corporation Name FUNDACION INTERNACIONAL AMIGOS DEL NINO CON CANCER, INC.		
Principal Place of Business P.O. BOX 432194 SOUTH MIAMI FL 33243-2194	Mailing Address P.O. BOX 432194 SOUTH MIAMI FL 33243-2194	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/31/1996
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	65-0714933
24	29	30

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)	
		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		DATE	
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, EGDA	1.2 NAME	ADRIANA BRILLEHOURG
STREET ADDRESS	909 GROVE ISLAND	1.3 STREET ADDRESS	480 S.W. 80 ST.
CITY-ST-ZIP	COCONUT GROVE FL 33433	1.4 CITY-ST-ZIP	MIAMI FL 33143
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, BEATRIZ	2.2 NAME	
STREET ADDRESS	1101 BRICKELL AVE, SUITE 1102-B	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCHETTI, ANELIS	3.2 NAME	
STREET ADDRESS	LEUCALANDRA 50	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33131	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ELISA H	4.2 NAME	
STREET ADDRESS	2830 SW 22 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D.E.E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MARYS R. ALEMAN
STREET ADDRESS		5.3 STREET ADDRESS	1130 COCONUT GROVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D.E.E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MARITZA SAVELLI
STREET ADDRESS		6.3 STREET ADDRESS	6861 S.W. 1365
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33176

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

404/12/99

CR2E037 (11/98)