

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90036 029 ****61.25

DOCUMENT # N96000005734

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0714933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ADELAIDA, BRILLE B**
STREET ADDRESS **4850 SW 80 ST**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VD** ☐ Delete
NAME **MARTINEZ, BEATRIZ**
STREET ADDRESS **8810 SW 132ND PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☐ Delete
NAME **BOSCHETTI, ANELIES**
STREET ADDRESS **3 GROVE ISLAND DR APT 309**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete
NAME **ALEMAN, INGRYS R**
STREET ADDRESS **1130 COCONUT GROVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Delete
NAME **SAVELLI, MARITZA**
STREET ADDRESS **1581 BRICKELL AVENUE, APT PH-105**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/04 **305-858 1554**
Date Daytime Phone #