

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N96000005891

1. Corporation Name

INTERNATIONAL HOSPITAL RELIEF FOUNDATION, INC.

Principal Place of Business

Mailing Address

6630 BISCAYNE BOULEVARD MIAMI FL 33138

6630 BISCAYNE BOULEVARD MIAMI FL 33138

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90064 031 ****61.25

3. Date Incorporated or Qualifed



Principal Pla	ce of Business	Za. Walling Address			11/14/1996			
1		26			4. FEI Number	<u></u>	Appli	ed For
Suite, Apt. #	ite, Apt. #, etc. Suite, Apt. #, etc.				65-0719890		Not /	Applicable
2							\$8.75 Ad	ditional
City & State	City & State City & State				5. Certifcate of Status Desired		Fee Requ	uired
28 750			<u> </u>		6. Election Campaign Financing		\$5.00 M	lay Be
Zip	Country	Zip	Country		Trust Fund Contribution	<u> </u>	Added to	
24	25	29 30	<u> </u>		10. Name and Address of New	Registered #	gent	
	9. Name and Address of Current	Registered Agent	81	Name	TO. Name and Address			
			' '			·	Mi -	
· · · · · · · · · · · · · · · · · · ·				82 Street Address (P.O. Box Number is Not Acceptable)				
IKPE, NSIDIBE								4 6
6630 BISCAYNE BOULEVARD			83					11
MIAMI FL 33138			84	City		P-1	85 Zip Co	ode
					وهافي مدورة		19 10	4. 112. 144
rainer da Nord	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes.	the above	e-named corp	oration submits this statement for th	e purpose of	changing its red	egistered
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	f Florida. Such change was auth	orized by	the corporation	on's board of directors, I hereby acc	ept tile appoi		CLARES
oπice or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes				1,000	
					d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	Olio bea ii oppiii	13.	it agriculturo roquire	ADDITIONS/CHANGES TO C	FFICERS AN	ID DIRECTOR	RS IN 12
12.	OFFICERS AND	D DIRECTORS	1.1 TITLE		The state of the s		Change	☐ Addition
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	MIAMI FL 33138		1.4 CITY-S	ST-ZIP			Change	☐ Addition
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NAME .	AND METOT ANA CITIES	•	2.3 STREE	ET ADDRESS		•		
STREET ADDRESS			2. 4 CITY-	ST-ZIP			Change	Addition
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TITLE	D		3.2 NAME	. 1		المراد الأراد	- i	
NAME P.S. STOR	IKPE, HELEN		1	ET ADDRESS				
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CITY ST-ZIP	MIAMI FL 33156	E BELETE	3.4. CiTY-				Change	☐ Addition
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NAME	IKPE, EDIDIONG		4. 2 NAM				弱馬 翻印	(2)香鳝
STREET ADDRESS	AND AN AN ATOPIC			ET ADDRESS				压動的
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-			- 1: +30: C 1: 1:	☐ Change	☐ Addition
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NAME			5.3 STRE	ETADDRESS			<i>.</i>	
STREET ADDRES	(5)		5.4 CITY	-ST-ZIP			Change	Addition
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	E			Change	
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NAME			6.3 STR	EET ADDRESS	\$		•	
STREET ADDRES	ss	•			•			
CITY-ST-ZIP	S		the even	ntion stated in	n Section 119.07(3)(i), Florida Statu	tes. I further c	ertify that the	information
311. 31 44	ve state information cumplied v	vith this filing does not qualify for	me exem	ihiinii siaran ii	Il have the come lengt effect	as if made ur	ider oath; tha	(i am an

I hereby certify that the information supplied with this filing does not qualify for the exemptation of the control of the corporation 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 are 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 are 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 are indicated on this annual report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 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 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 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 officer or director of the corporation or the receiver or trustee empowered.

SIGNATURE: