


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90121 045 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N97000000732 <i>OK</i>					
<b>1. Corporation Name</b> Humanitarian Medical Relief fka Venezuelan Medical Relief inc.					
<b>Principal Place of Business</b> 2709 swamp Cabbage ct suite 110 Fort Myers, Florida 33901			<b>Mailing Address</b> 2709 swamp Cabbage ct 110 Fort Myers, Florida 33901		
<b>2. Principal Place of Business</b> 21 2709 Swamp Cabbage ct Suite, Apt. #, etc. #110 City & State Fort Myers, Florida Zip 33901 Country U.S.A.		<b>2a. Mailing Address</b> 26 2709 Swamp Cabbage ct Suite, Apt. #, etc. #110 City & State Fort Myers, Florida Zip 33901 Country U.S.A.		<b>3. Date Incorporated or Qualified</b> 02/10/97 <b>4. FEI Number</b> 65-0724974 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>9. Name and Address of Current Registered Agent</b> Brow, Jerry 2709 Swamp, Cabbage ct 110 Fort Myers, Florida 33901					
<b>10. Name and Address of New Registered Agent</b> 81 Name Brow, Jerry 82 Street Address (P.O. Box Number is Not Acceptable) 2709 Swamp Cabbage ct #110 83 City Fort Myers, Florida 33901 84 City Fort Myers FL 85 Zip Code 33901					
<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: 4/7/99					
<b>12. OFFICERS AND DIRECTORS</b>					
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME D Brow, Jerry 1.3 STREET ADDRESS 2709 Swamp Cabbage Ct 110 1.4 CITY-ST-ZIP Fort Myers, Florida 33901					
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME T Brent Reiff 2.3 STREET ADDRESS 737 SW 5th Terr. 2.4 CITY-ST-ZIP Cape Coral, Fl 33991					
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME T Tia Lisa Warren 3.3 STREET ADDRESS 13621 Eagle Ridge Dr 3.4 CITY-ST-ZIP Fort Myers, Florida 33912					
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME John Beatrice 1.3 STREET ADDRESS 411 Westwood Drive 1.4 CITY-ST-ZIP Hartford City Indiana 47348					
2.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Joe Pearson 2.3 STREET ADDRESS 737 SW 5th Terr 2.4 CITY-ST-ZIP Cape Coral Florida 33991					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

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 a letter like empowered.

SIGNATURE: *[Signature]* Jerry Brow, President

04/07/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)