

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001546 (7)**

1. Corporation Name

LITTLE CHILDREN OF FUNDANA, INC.

AMERICAN FRIENDS OF LITTLE CHILDREN, INC.



Principal Place of Business	Mailing Address
C/O MIGUEL VIYELLA 5942 SW 135 TERRACE MIAMI FL 33156	C/O MIGUEL VIYELLA 5942 SW 135 TERRACE MIAMI FL 33156

3. Date Incorporated or Qualified	03/17/1997
4. FEI Number	65-0777491
Applied For	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Not Applicable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
VIYELLA, MIGUEL 5942 SW 135 TERRACE MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DE COHEN, FRANCIS
STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN BERNARDINO #37
CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	<input type="checkbox"/> DELETE
NAME	DE STRANSKY, LILIANE
STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN BERNARDINO #37
CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	<input type="checkbox"/> DELETE
NAME	DE MORGENSTERN, ELSA
STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN BERNARDINO #37
CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	<input type="checkbox"/> DELETE
NAME	DE KRYGIER, SANDRA
STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN BERNARDINO #37
CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE COHEN, FRANCIS
1.3 STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN BERNAR
1.4 CITY-ST-ZIP	CARACAS, VENEZUELA DINO # 37
2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DE STRANSKY, LILIANE
2.3 STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN BERNAR
2.4 CITY-ST-ZIP	CARACAS, VENEZUELA DINO #37
3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DE MORGENSTERN, ELSA
3.3 STREET ADDRESS	AVE. FRNACISCO FAJARDO, SAN BERNAR
3.4 CITY-ST-ZIP	CARACAS, VENEZUELA DINO # 37
4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DE KRYGIER, SANDRA
4.3 STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN BERNAR
4.4 CITY-ST-ZIP	CARACAS, VENEZUELA DINO # 37
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIGUEL VIYELLA
5.3 STREET ADDRESS	One Biscayne Tower
5.4 CITY-ST-ZIP	Miami, Florida 33131
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARLOS CONCEPCION
6.3 STREET ADDRESS	999 PONCE DE LEON BLVD. SUITE 1015
6.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33145

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 its agent 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.

SIGNATURE: 

MAY 7 1998

CR2E037 (10/97)