1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700001546

1. Corporation Name

AMERICAN FRIENDS OF LITTLE CHILDREN, INC.

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

2. Principal Place of Business

21

Mailing Address C/O MIGUEL VIYELLA 5942 SW 135 TERRACE MIAMI FL 33156

2a. Mailing Address

26

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90029 037 ****61.25 05-19-1999 90029 038 *****8.75



Date Incorporated or Qualifed

03/17/1997

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			* FEI NUM				illed For	
22	27	, 			65-077	<u>/491</u>		Not	Applicable	
City & State)	City & State			5. Certifcate	of Status Desired		\$8.75 Ad	_	
23	21							Fee Req	·	
Zip	Country Zip Co					Campaign Financing		\$5.00 A		
24	2525	30	<u> </u>			nd Contribution	-	Added to	Fees	
9. Name and Address of Current Registered Agent					10. Name ar	nd Address of New R	legistered A	gent		
			81	Name						
VIYELLA, MIGUEL				82 Street Address (P.O. Box Number is Not Acceptable)						
5942 SW 135 TERRACE										
MIAMI FL 33156									}	
MIAMI I L 33 130								85 Zip C	-do	
				City			FL	as Zip Ci	Due	
11 Developed the provision of Section 617 0502 and 617 1508. Elevidor Statutes the above named compration 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 poard 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed name of registered agent and to OFFICERS AND DI		13.	t alginocula re		S/CHANGES TO OF		D DIRECTOF	₹S IN 12	
	P	A DELETE	1.1 TITLE		μ			Change	Addition	
TITLE	•	4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1.2 NAME	İ	Viuella.	Miquel,,	·	_ `		
NAME	AUT TOLLOGO TALADDO CAN DEDNADONIO 407			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 200 S. BISCHUPE Blud, Suite 3200						
STREET ADDRESS		SEHNAHDINU #3/			00.	Florida 33	131		}	
CITY-ST-ZIP	CARACAS, VENEZUELA	DELETE	1.4 CITY-ST	r-zip			· J ·	Change	Addition	
TITLÉ	V	N OFTE IF	2.1 TITLE	V	Poetschül	, uai		25 Change	L. Addition	
NAME	DE STRANSKY, LILIANE			- 1	AL RISE	WAR TOWER				
STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN	Bernardino #37	2.3 STREET	ADDRESS					1	
CITY-ST-ZIP	CARACAS, VENEZUELA		2.4 CITY-S	T-ZIP	/NIAME !	40rida 33	/3 /			
TITLE	T	DELETE	3.1 TITLE		7	. 1.010 -		Change	☐ Addition	
NAME .	DE MORGENSTERN, ELSA		3.2 NAME	ļ	CONCEPCIO	a, Caplos ce de Leon A	alid to	+11		
STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN I	Bernardino #37	3.3 STREET	ADDRESS	1012 1001	ck ou chon i	0/22()	••		
CITY-ST-ZIP	CARACAS, VENEZUELA		3.4. CITY-S	T-ZIP	Compos Go	isles, A. 3.	<u>3145 </u>			
TITLE	S	DELETE	4.1 TITLE					Change	Addition	
NAME	DE KRYGIER, SANDRA		4. 2 NAME	İ	Viyella,	SERVIL BI	W 5.	to 200		
STREET ADDRESS	AVE. FRANCISCO FAJARDO, SAN I	Bernardino #37	4.3 STREET	ADDRESS	2005.81	250AVE 121	on ou	MC 320	ا کر	
CITY-ST-ZIP	CARACAS, VENEZUELA		4.4 CITY-S	r-zip	MANI	Florida.	73/3/	/ 		
TITLE	D	☑ DELETE	5.1 TITLE		\overline{D} , A			Change	Addition	
NAME	VIYELLA. MIGUEL		5.2 NAME		weiss, w	WAR AND THE	L _.		ĺ	
STREET ADDRESS	ONE BISCAYNE TOWER		5.3 STREET	ADDRESS	820120	RIAN STORAGE	•		Ì	
CITY-ST-ZIP	MIAMI FL 33131		5.4 C/TY-\$*	r-ZIP	MIAMI.	FI. 33176				
TITLE	D	☐ DELETE	6.1 TITLE		<u> </u>			☐ Change	∠ Addition	
NAME	CONCEPION, CARLOS		6.2 NAME		GREEN, C	SARTH D			ĺ	
STREET ADDRESS	ANACONIOS DE LEGALOUR MAA		6.3 STREET	ADORESS	620 516	al PAIM R	α .		\	
OTTY OT 710	CORAL GARLES EL 33145		6.4 CITY-S		Minnie	BARTH LIPAIMR FI. 32,37				

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 suppliemental 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: