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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000782

1. Corporation Name
CHILDREN'S CANCER RELIEF FUND, INC.

Principal Place of Business	Mailing Address
~~1320 SOUTH DIXIE HIGHWAY~~ ~~SUITE 700~~ ~~CORAL GABLES FL 33146~~	~~1320 SOUTH DIXIE HIGHWAY~~ ~~SUITE 700~~ ~~CORAL GABLES FL 33146~~

2. Principal Place of Business	2a. Mailing Address
21 1251 N. GREENWAY DRIVE	26 PO BOX 331062
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33134 Country 25 USA	Zip 29 33233 Country 30

3. Date Incorporated or Qualified: 02/10/1998

4. FEI Number: 65-0815315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~GORDON, LEWIS G ESQ~~
~~1320 SOUTH DIXIE HIGHWAY~~
~~SUITE 700~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name JOHN FORT
82 Street Address (P.O. Box Number is Not Acceptable) 125 N. GREENWAY DRIVE
83
84 City CORAL GABLES FL 85 Zip Code 33134

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 [signature] 4/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, SUSANA		1.2 NAME		
STREET ADDRESS	2550 S.W. 118 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FORT, JOHN		2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 331062		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33233		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, MARIA		3.2 NAME		
STREET ADDRESS	4030 S.W. 124 AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOHN FORT 4/1/99 305-352-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #