

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90036 010 ****70.00

DOCUMENT # N98000002918

1. Corporation Name

FILS-AIME FOUNDATION, INC.

Principal Place of Business

905 NW 124TH STREET
MIAMI FL 33168

Mailing Address

905 NW 124TH STREET
MIAMI FL 33168



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 905 NW 124 ST		26 SAME		05/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0839078	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI FL		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 33168		25 USA		29 30	

9. Name and Address of Current Registered Agent

FILS-AIME, WILLER
905 NW 124TH STREET
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *Willer Fils Aime*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D.P	WILLER FILS-AIME	<input type="checkbox"/> DELETE
NAME		D.P	
STREET ADDRESS		905 NW 124 ST	
CITY-ST-ZIP		MIAMI FL 33168	
TITLE	DVP	LINDA Eugene	<input type="checkbox"/> DELETE
NAME		D.V.P	
STREET ADDRESS		745 NW 124 ST	
CITY-ST-ZIP		MIAMI FL 33168	
TITLE	D.T	Jonas Jules	<input type="checkbox"/> DELETE
NAME		D.T	
STREET ADDRESS		1515 NW 122 ST	
CITY-ST-ZIP		MIAMI FL	
TITLE	D.S	Arrie Fils-Aime	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		905 NW 124 ST	
CITY-ST-ZIP		MIAMI FL 33168	
TITLE		GEORGETTE Audain	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		120 NW 117 ST	
CITY-ST-ZIP		MIAMI FL 33167	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE: *Willer Fils Aime*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/99 (305) 685-3832

Date

Daytime Phone #

CR2E037 (5/99)