

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
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90048 006 ****61.25

DOCUMENT # **N98000004514**

Corporation Name

**INTERNATIONAL AID FOR UNDERPRIVILEGED CHILDREN,
INC.**

Principal Place of Business

**19200 SW 127 AVENUE
MIAMI FL**

Mailing Address

**19200 SW 127 AVENUE
MIAMI FL**

656655



2. Principal Place of Business 407 Lincoln Road #5B Suite, Apt. #, etc. 5-B City & State Miami Beach, Florida Zip 33139		2a. Mailing Address 407 Lincoln Road #5B Suite, Apt. #, etc. 5-B City & State Miami Beach, Florida Zip 33139		3. Date Incorporated or Qualified 08/05/1998	
25. USA		27. USA		4. FEI Number 65-0858306 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
28. Miami Beach, Florida		29. 33139		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
30. USA		31. USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**DE LA TORRIENTE, COSME ESQ
155 SW 25TH ROAD
MIAMI-FL 33129**

10. Name and Address of New Registered Agent

81. Name	George Brito
82. Street Address (P.O. Box Number is Not Acceptable)	407 Lincoln Road #5B
83.	
84. City	Miami Beach
85. FL	Zip Code 33139

1. 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 change of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of _____ (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JORGE A	1.2 NAME	Claudine Smurfit
STREET ADDRESS	19200 SW 127 AVENUE	1.3 STREET ADDRESS	407 Lincoln Road 5B
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, DAISY	2.2 NAME	George Brito
STREET ADDRESS	16982 SW 113 COURT	2.3 STREET ADDRESS	407 Lincoln Road 5B
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTANCOURT, OLGA	3.2 NAME	Julio Rodriguez
STREET ADDRESS	16982 SW 113 COURT	3.3 STREET ADDRESS	407 Lincoln Road 5B
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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 supplement 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 person 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 address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPE

SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

3-21-2000

CR2E037 (5/99)