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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005978

1. Corporation Name

INTERNATIONAL COALITION OF CITIES OF REFUGE, INC

Principal Place of Business

8457 SW 132 ST
MIAMI FL

Mailing Address

8457 SW 132 ST
MIAMI FL

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0860204	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		30	

B. Name and Address of Current Registered Agent

RUIZ, ANDRES I
8385 SW 185 TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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, 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUIZ, ANDRES I	1.2 NAME	
STREET ADDRESS	8385 SW 185 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, DONALD	2.2 NAME	
STREET ADDRESS	3342 SW HOSANNA LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MIKE	3.2 NAME	
STREET ADDRESS	3342 SW HOSANNA LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORROW, HUGH	4.2 NAME	
STREET ADDRESS	3342 SW HOSANNA LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JIMENEZ, EDUARDO	5.2 NAME	
STREET ADDRESS	9201 SW 105 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	8385 SW 185 TERRACE	6.2 NAME	
STREET ADDRESS	MIAMI FL 33157	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

1/4/99 305-2543355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)