2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2016
Secretary of State
CC4170912340

DOCUMENT# N00000000894

Entity Name: AID INTERNATIONAL, INC.

Current Principal Place of Business:

1299 SW KALEVALA DR.
PORT ST LUCIE, FL 34953

Current Mailing Address:

P.O BOX 220691
WEST PALM BEACH, FL 33422 US

FEI Number: 75-3085395

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALIX, MARLAINE G
1299 SW KALEVALA DR
PORT SAINT LUCIE, FL 34953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	ALIX, MARLAINE G
Address	1299 SW KALEVALA DR
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	D
Name	MEME, JEAN BAPTISTE
Address	300 NW 135TH STREET
City-State-Zip:	MIAMI FL 33168

Title	DIRECTOR
Name	VICTOME, ROBERT DR.
Address	4569 HUNTING TRAIL
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	SOMMERS, CATHY
Address	40 BATTERY STREET APT 106
City-State-Zip:	BOSTON MA 02109

Title	D
Name	CELESTIN, MARQUELY
Address	1070 BIGTORCH ST
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	ALIX, RUTH VANESSA
Address	4750 HAVERWOOD LANE APT 1308
City-State-Zip:	DALLAS TX 75287

Title	TREASURER
Name	LOUIS, STEPHANIE
Address	7518 S ERIE AVE 2205
City-State-Zip:	TULSA OK 74136

Title	DIRECTOR
Name	MURPHY, CHER
Address	2602 N 71ST. STREET
City-State-Zip:	SCOTTSDALE AZ 85257

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE MARLAINE G.ALIX PD 04/27/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MORALES, YURITZA
Address	1422 ASHVIEW CIRCLE
City-State-Zip:	DALLAS TX 75217

Title	DIRECTOR
Name	CINE ULYSSE, STEPHANA
Address	21 CROSSINGS CIRCLE APT C
City-State-Zip:	BOYNTON BEACH FL 33435