

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010537

**Entity Name:** CESAR ODIO LEUKEMIA FOUNDATION INC

**Current Principal Place of Business:**

11693 N.E. 18 DRIVE  
N. MIAMI, FL 33181

**Current Mailing Address:**

11693 N.E. 18 DRIVE  
N. MIAMI, FL 33181 US

**FEI Number:** 46-1391715

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ODIO, MARY KAY  
11693 N.E. 18 DRIVE  
N. MIAMI, FL 33181 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 P, VP  
Name ODIO, MARY KAY  
Address 11693 N.E. 18 DRIVE  
City-State-Zip: N. MIAMI FL 33181

*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:** MARY KAY ODIO

**PRESIDENT**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date