

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005734

Entity Name: FUNDACION INTERNACIONAL AMIGOS DEL NINO CON
CANCER, INC.**Current Principal Place of Business:**3020 MC DONALDS
MIAMI, FL 33133**Current Mailing Address:**P.O. BOX 431001
SOUTH MIAMI, FL 33243 US**FEI Number: 65-0714933****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ, BEATRIZ
1101 BRICKELL AVE
SUITE 1102-B
MIAMI, FL 33131 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 BEATRIZ, MARTINEZ
Address 7809 SW 102 LN
City-State-Zip: MIAMI FL 33156

Title VD
Name ANELIES, BOSCHETTI
Address 3220 MCDONALD ST
City-State-Zip: MIAMI FL 33133

Title D
Name MARTINEZ, HEIDI
Address 181 VERA COURT
City-State-Zip: CORAL GABLES FL 33143

Title D
Name MENDOZA, LOURDES J
Address 4779 COLLINS AVE., STE 3505
City-State-Zip: MIAMI BEACH FL 33140

Title D
Name MARTINEZ, MICHAEL P
Address 4100 SALCEDO ST
913
City-State-Zip: CORAL GABLES FL 33146

Title D
Name MARTINEZ, RACHEL DE ARMAS
Address 4100 SALCEDO ST
913
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name BELLO, SYLVIA
Address 9740 NW 46 TER
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name RAMON VILARASAU, SANDRA
Address 5550 NW 44TH STREET
404
City-State-Zip: LAUDERHILL FL 33319

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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: BEATRIZ MARTINEZ**PRES****01/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D
Name	RODRIGUEZ RAMIREZ, OLGA
Address	URB DE BELLO CAMPO AVE PRINC DE BELLO CAMPO EDIFICIAO EL
City-State-Zip:	CARMEN #17 CARACAS