

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005734

**Entity Name:** FUNDACION INTERNACIONAL AMIGOS DEL NINO CON  
CANCER, INC.**Current Principal Place of Business:**7835 SW 102 LN  
MIAMI, FL 33156**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  
7835 SW 102 LN  
MIAMI, FL 33156 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 VP  
Name BEATRIZ, MARTINEZ  
Address 7835 SW 102 LN  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name ANELIES, BOSCHETTI  
Address 3020 MCDONALD ST  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name MARTINEZ, HEIDI  
Address 6822 ALMANSA ST  
City-State-Zip: CORAL GABLES FL 33146

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

Title DIRECTOR  
Name MARTINEZ, MICHAEL P  
Address 2120 BLAKE ST  
510  
City-State-Zip: DENVER CO 80205

Title PD  
Name MARTINEZ, RACHEL DE ARMAS  
Address 2120 BLAKE ST  
510  
City-State-Zip: DENVER CO 80205

Title DIRECTOR  
Name BELLO, SYLVIA  
Address 8388 NW 114 PATH  
City-State-Zip: DORAL FL 33178

Title DIRECTOR  
Name RAMON VILARASAU, SANDRA  
Address 9545 SW 169 PL  
City-State-Zip: MIAMI FL 33196

**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: BEATRIZ MARTINEZ****RA****04/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MARTINEZ, DANIEL E  
Address 11290 SW 128 ST  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name GAMEZ RODRIGUEZ, SCARLET  
Address 7901 CUMBERLAND PARK DRIVE  
8105  
City-State-Zip: ORLANDO FL 32821