

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005734

Entity Name: FUNDACION INTERNACIONAL AMIGOS DEL NINO CON
CANCER, INC.**FILED**
Jan 24, 2014
Secretary of State
CC2490004580**Current Principal Place of Business:**3020 MC DONALDS
MIAMI, FL 33133**Current Mailing Address:**P.O. BOX 431001
SOUTH MIAMI, FL 33243**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	GARCIA, HAMBLET
Address	1550 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33132

Title	D
Name	LOMBARDI, DANIEL
Address	4780 PINETREE DR # 8
City-State-Zip:	MIAMI BEACH FL 33140

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

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**PRESIDENT****01/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date