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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713400

1. Corporation Name

LYNN AND LOUIS WOLFSON II, FAMILY FOUNDATION, IN C.

Principal Place of Business	Mailing Address
1 S.E. 3RD AVENUE SUITE 1280 MIAMI FL 33131	1 S.E. 3RD AVENUE SUITE 1280 MIAMI FL 33131

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/29/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6196403 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AUERBACH, HAROLD 1 S.E. 3RD AVENUE SUITE 1280 MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, LYNN		1.2 NAME		
STREET ADDRESS	1 S.E. 3RD AVE., #1280		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, LOUIS III		2.2 NAME		
STREET ADDRESS	1 S.E. 3RD AVE., #1280		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON FADEL, LYNDA		3.2 NAME		
STREET ADDRESS	1 S.E. 3RD AVE., #1280		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AUERBACH, HAROLD		4.2 NAME		
STREET ADDRESS	1 S.E. 3RD AVE., #1280		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAPRARO, FRANZ		5.2 NAME		
STREET ADDRESS	1 S.E. 3RD AVE., #1280		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	IRVING, J. BRUCE		6.2 NAME	HENRY H. RAATTAMA, JR.	
STREET ADDRESS	501 BRICKELL KEY DR., #300		6.3 STREET ADDRESS	1 Southeast 3rd Ave. 28th Floor	
CITY-ST-ZIP	MIAMI FL 33131		6.4 CITY-ST-ZIP	Miami FL 33131	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Auerbach REQUIRED Harold Auerbach 1/27/99 305-377-8714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)