# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # 713400

1. Entity Name
LYNN AND LOUIS WOLFSON II, FAMILY FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1110 BRICKELL AVE., SUITE 202<br>MIAMI, FL 33131 | 1110 BRICKELL AVE., SUITE 202<br>MIAMI, FL 33131 |

**DO NOT WRITE IN THIS SPACE**

01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6196403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, HAROLD
1 S.E. 3RD AVENUE
SUITE 1280
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000096984
03/26/04-80020-017 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PT |
| NAME | WOLFSON, LYNN |
| STREET ADDRESS | 1 S.E. 3RD AVE., #1280 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | VT |
| NAME | WOLFSON, LOUIS III |
| STREET ADDRESS | 1 S.E. 3RD AVE., #1280 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | VT |
| NAME | WOLFSON FADEL, LYNDA |
| STREET ADDRESS | 1 S.E. 3RD AVE., #1280 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | TT |
| NAME | AUERBACH, HAROLD |
| STREET ADDRESS | 1 S.E. 3RD AVE., #1280 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | T |
| NAME | CAPRARO, FRANZ |
| STREET ADDRESS | 1 S.E. 3RD AVE., #1280 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | S |
| NAME | RAATTAMA, HENRY H FR |
| STREET ADDRESS | 1 SE 3 AVE 28TH FLOOR |
| CITY-ST-ZIP | MIAMI, FL 33131 |

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

HAROLD AUERBACH

**SIGNATURE:** Harold Auerbach TREAS 3-24-04 305-377-8714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #