

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra E. Morahan Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15111 (0)**

1. Corporation Name  
**THE INSIGHT FOUNDATION, INC.**

Principal Place of Business <b>ONE SOUTHEAST THIRD AVE, 17th Floor</b> MIAMI FL 33131	Mailing Address <b>ONE SOUTHEAST THIRD AVE, 17th Floor</b> MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/27/1986</b>	3a. Date of Last Report <b>03/07/1996</b>
4. FEI Number <b>59-2673459</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$61.25</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suffix, Apt. #, etc.	26. Suffix, Apt. #, etc.
22. City & State	27. City & State
23. Country	28. Country
24. Country	30. Country

9. Name and Address of Current Registered Agent

**RAZOOK, RICHARD J.**  
**ONE SOUTHEAST THIRD AVE, 17th FLOOR**  
**MIAMI FL 33131-2363**

10. Name and Address of New Registered Agent

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 607.0501 and 607.0502, 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 607.0501, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<b>POLLAK, WILLIAM S.</b> 1221 BRICKELL AVE, NINTH FLOOR MIAMI FL
TITLE <b>VD</b>	<b>KULOK, WINSTON</b> 132 W. FOURTH ST. NEW YORK NY
TITLE <b>TD</b>	<b>KESTENBAUM, PAUL TODD</b> 10550 DUNLEAR DRIVE LOS ANGELES CA
TITLE <b>S</b>	<b>RAZOOK, RICHARD J.</b> ONE S.E. THIRD AVE #1700 MIAMI FL
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**100002180701**  
**-05/16/97--01005--034**  
**\*\*\*\$61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William S. Pollak Date: Apr. 29, 1997 (305) 358-6088  
 SIG. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR