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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18251 (1)

1. Corporation Name  
THE MANNY AND RUTHY COHEN FOUNDATION, INC.



Principal Place of Business Mailing Address  
C/O SEMET & MORGENSTERN 201 ALHAMBRA CIRCLE, 12TH FLOOR  
CORAL GABLES FL 33134 C/O SEMET & MORGENSTERN  
201 ALHAMBRA CIRCLE, 12TH FLOOR  
CORAL GABLES FL 33134-5108

3. Date Incorporated or Qualified 12/12/1986  
3a. Date of Last Report 02/26/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-2744621 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

T  
SEME LICKSTEIN MORGENSTERN, BERGER  
FRIEND, PA BROOKE & GORDON, P.A.  
201 ALHAMBRA CIRCLE, 12TH FLR.  
CORAL GABLES FL 33134

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 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	AT	1.1 TITLE	
NAME	MORGAN, STEPHEN	1.2 NAME	
STREET ADDRESS	1236 BRACE RD., #K	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	MORGENSTEIN, ALVIN	2.2 NAME	
STREET ADDRESS	3020 RODMAN STREET, N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	MORGENSTERN, MELVIN C.	3.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR STE1200	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	MORGAN, STEPHEN	4.2 NAME	
STREET ADDRESS	1236 BRACE RD., #K	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	MORGENSTEIN, GERTRUDE	5.2 NAME	
STREET ADDRESS	3020 RODMAN STREET, NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 trustee 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 check attachment with an address.

SIGNATURE: *Melvin C. Morgenstern* SIGNATURE REQUIRED  
MELVIN C. MORGENSTERN REGISTERING OFFICER OR DIRECTOR

May 12, 1997

Date Daytime Phone # 0027192

CR2E037 (9/96)