

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 <i>Z. M. Morgenstern</i>		<del>C/O SEMET &amp; MORGENSTERN</del> 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134 <i>Z. M. Morgenstern</i>	
21	Principal Place of Business	26	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified  
**12/12/1986**

4. FEI Number  
**59-2744621**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SEMET LICKSTEIN MORGENSTERN & BERGER**  
FRIEND, PA  
~~201 ALHAMBRA CIRCLE, 12TH FLR.~~  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Melvin A. Morgenstern**

82 Street Address (P.O. Box Number is Not Acceptable)  
**100 - S. E. 2nd STREET - #2800**

83 **One International Place**

84 City **Miami** **FL** 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 617.001 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, within 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 *Melvin A. Morgenstern* - Address change for existing Agent -  
DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	MORGAN, STEPHEN	
STREET ADDRESS	1236 BRACE RD., #K	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORGENSTEIN, ALVIN	
STREET ADDRESS	3020 RODMAN STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORGENSTERN, MELVIN C.	
STREET ADDRESS	<del>201 ALHAMBRA CIR STE1200</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORGAN, STEPHEN	
STREET ADDRESS	1236 BRACE RD., #K	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORGENSTEIN, GERTRUDE	
STREET ADDRESS	3020 RODMAN STREET, NW	
CITY-ST-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>100 S. E. 2nd STREET - #2800</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted 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 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 the attachment with an address.

SIGNATURE: *Melvin A. Morgenstern* **3/27/98** **305/539-9400**

CP2E037 (10/97)