SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 18 1996 8:00 am
Secretary of State

DOCUMENT # N33461 (7)

1. Corporation Name
THE BERNARD ROTHFELD CHILDREN'S FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O RUTH ROTHFELD ~~5529 CONSTANT SPRING TERRACE~~ ~~LAUDERHILL FL 33319~~	C/O RUTH ROTHFELD ~~5529 CONSTANT SPRING TERRACE~~ ~~LAUDERHILL FL 33319~~

3. Date Incorporated or Qualified: 07/28/1989
3a. Date of Last Report: 04/19/1995
4. FEI Number: 65-0143398 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 7676 Granville Drive	26 7676 Granville Drive
Suite, Apt. # etc. 22 Building E	Suite, Apt. # etc. 27 Building E
City & State 23 Tamarac Florida	City & State 28 Tamarac Florida
Zip 24 33321 Country 25 USA	Zip 29 33321 Country 30 USA

9. Name and Address of Current Registered Agent

ROTHFELD, RUTH
~~5529 CONSTANT SPRING TERRACE~~
~~LAUDERHILL FL 33319~~

10. Name and Address of New Registered Agent

81 Name: Ruth Rothfeld
82 Street Address (P.O. Box Number is Not Acceptable): 7676 Granville Drive - Bldg E
83 Tamarac Florida 33321
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHFELD, RUTH ~~5529 CONSTANT SPG. TERR.~~ ~~LAUDERHILL FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Ruth Rothfeld 7676 Granville Drive-Bldg E Tamarac, Florida 33321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHFELD, ERIC A. 111 WEST 40TH STREET, 22ND FLOOR NEW YORK NY	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDMAN, HAZEL 6882 SW 89 TERRACE MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

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: SIGNATURE REQUIRED 6/11/96 212 894 4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERIC A. ROTHFELD