


FILE NOW: FILING FEE IS \$61.25

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Apr 02 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 # **N41241** (3)

1. Corporation Name  
**ELLIOT DINNERSTEIN FOUNDATION, INC.**



Principal Place of Business <b>1320 S. DIXIE HWY. SUITE 830 CORAL GABLES FL 33146</b>	Mailing Address <b>1320 S. DIXIE HWY. SUITE 830 CORAL GABLES FL 33146</b>	3. Date Incorporated or Qualified <b>12/14/1990</b>
		4. FEI Number <b>65-0232451</b>
		Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 2800 Ponce De Leon Blvd.</b> Suite, Apt. #, etc. <b>22 Suite 1125</b> City & State <b>23 Coral Gables, Florida</b> Zip <b>24 33134</b>	2a. Mailing Address <b>26 2800 Ponce De Leon Blvd.</b> Suite, Apt. #, etc. <b>27 Suite 1125</b> City & State <b>28 Coral Gables, Florida</b> Zip <b>29 33134</b> Country <b>30 USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BREIER, ROBERT G. 1320 S. DIXIE HWY. SUITE 830 CORAL GABLES FL 33146</b>	10. Name and Address of New Registered Agent <b>81 Name Robert G. Breier, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 2800 Ponce De Leon Boulevard 83 Suite 1125 84 City Coral Gables FL 85 Zip Code 33134</b>
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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]* DATE: **3/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>TP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>TP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DINNERSTEIN, ELLIOT</b>		1.2 NAME <b>Dinnerstein, Elliot</b>	
STREET ADDRESS <b>1320 S. DIXIE HWY.</b>		1.3 STREET ADDRESS <b>2800 Ponce De Leon Blvd., #1125</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		1.4 CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	
TITLE <b>TST</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>TST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DINNERSTEIN, MARC</b>		2.2 NAME <b>Dinnerstein, Marc</b>	
STREET ADDRESS <b>1320 S. DIXIE HWY.</b>		2.3 STREET ADDRESS <b>2800 Ponce De Leon Blvd., #1125</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		2.4 CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BREIER, ROBERT G.</b>		3.2 NAME <b>Breier, Robert G.</b>	
STREET ADDRESS <b>1320 S. DIXIE HWY.</b>		3.3 STREET ADDRESS <b>2800 Ponce De Leon Blvd., #1125</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		3.4 CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* DATE: **3/20/98** DAYTIME PHONE: **445-0707**

CR2E037 (10/97)