

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 23 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002857 (0)**

1. Corporation Name

**COUNT ELKAIM FOUNDATION INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9455 COLLINS AVENUE, SUITE 1002, MIAMI BEACH FL 33154  
Mailing Address: 9455 COLLINS AVENUE, SUITE 1002, MIAMI BEACH FL 33154

3. Date Incorporated or Qualified: 05/31/1994  
3a. Date of Last Report: [Blank]  
4. FEI Number: 650 494 806  
Applied For: [Blank]  
Not Applicable: [Blank]

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
ELKAIM, MARC DE S.G. COUNT  
9455 COLLINS AVENUE  
SUITE 1002  
MIAMI BEACH FL 33154

10. Name and Address of New Registered Agent  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank] FL 85 Zip Code: [Blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [Blank] (NOTE: Registered Agent signature required when registering) DATE: [Blank]

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ELKAIM, MARC DE S.G. COUNT
STREET ADDRESS	9455 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL 33154
TITLE	D
NAME	ELKAIM, ERNA DE S.G. COUNTLESS
STREET ADDRESS	9455 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL 33154
TITLE	D
NAME	ELKAIM, MAIMONID
STREET ADDRESS	5 SQUARE DES NATIONS
CITY - ST - ZIP	BRUSSELS 1050 BELGIUM
TITLE	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]
TITLE	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]

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

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 110.07(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] COUNT MARC DE S.G. ELKAIM 03/19/95 (305) 861-5216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter Form #