FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400002857 (0)

COUNT ELKAIM FOUNDATION INC.

Principal Place of Business Mailing Address						
9455 COLLINS AVEMUE SUITE 1002 MIAMI BEACH FL 33154		9455 COLLINS AVENUE SUITE 1002 MIAMI BEACH FL 33154				
				3. Date Incorporated or Qualified 05/31/1994	3a. Date of Las 03/23/	
Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
1 9455 COLLINS AVENUE		26 9455 COLLINS AVENUE		65-0494806		Not Applicable
Suite, Apt. #, etc. 22 SUITE 1002		Suite, Apt. #, etc. 27 SuitE 1002		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State SURFSIDE FL		City & State 28 SURFSIDE FL		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Zip	Country	Zin	Country	This corporation has liability for in	AGC	
ુ કેં∂	154 25 V.S. A.	₂₉ े 33।54	30 U.S.A.	· · · ·	Yes Mo	5. 199,032,
	9, Name and Address of Currer		1991	10. Name and Address of New Re	gistered Agent	
			81 Name			
ELKAIM, MARC DE S.G. COUNT				iress (P.O. Box Number is Not Acceptable	1	
	LLINS AVENUE		Oil Oil Middle Middle	2000 (10. 20. 710. 120. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	<u> </u>	
SUITE 10	02		83			!
MIAMI BEACH FL 33154			84 City		85	Zip Code
					FL	
11. Pursuant t	o the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the above-named corporation's box	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its	registered office
familiar wit	th, and accept the obligations of Sect	tion 617.0503, Florida Statutes.	o by the corporation a bac	and or directors, the copy decopt the appear		
SIGNATURE _						
signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS			E: Registered Agent signature requir 13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT	ORS IN 12
TITLE	D OFFICERS AN	DELETE	1.1 TITLE	AGDITIONS/OFFAIGLS TO OFFI	☐ Change	
NAME	ELKAIM, MARC E S.G. COUN		1.2 NAME			_
STREET ADDRESS	9455 COLLINS AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Chang-	Addition
NAME	ELKAIM, ERNA DE S.G. COU	NTES\$	2.2 NAME			
STREET ADDRESS	9455 COLLINS AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CHTY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		Change	e 🔲 Addition
NAME	ELKAIM, MAIMONID		3.2 NAME			
STREET ADDRESS	5 SQUARE DES NATIONS		3.3 STREET ADDRESS			
CITY-ST-ZIP	BRUSSELS 1050 BELGIUM	C DOT! ETE	3.4. CHTY-ST-ZIP		Chang	Addition
TITLE		DELETE	4.1 TITLE		Change	e
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZiP		DOELETE	4 4 CITY-ST-ZIP 5 1 TITLE		☐ Chanp	Addition
NAME			5.2 NAME			_
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	L	DELETE	6.1 TITLE		Chang	e 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		·	6.4 CITY - ST - ZIP			
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furni	shed and does not qualify	for the exemption stated in Section 119.0 rate and that my signature shall have the s	7(3)(k), Florida Sta	tutes. I further sif made under
oath; that	I am an officer or director of the corp Block 12 or Block 13 if changed, or	oration or the receiver or trustee	empowered to execute the	his report as required by Chapter 617, Flo	rida Statutes; and	that my name

SIGNATURE: COUNT MARC & S.G. ELKAIM DITIE 46 (305) 861.52.16