

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

DOCUMENT # N95000005746 (1)
 1. Corporation Name

THE SOBEL FAMILY FOUNDATION, INC.



Principal Place of Business: **C/O FRANK M. SOBEL, 14615 S.E. 77TH COURT, MIAMI FL 33158**
 Mailing Address: **C/O FRANK M. SOBEL, 14615 S.E. 77TH COURT, MIAMI FL 33158**

3. Date Incorporated or Qualified: **12/05/1995**
 3a. Date of Last Report: **12/05/1995**
 4. FEI Number: **65-0623200**
 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **SOBEL, FRANK M, 14615 S.E. 77TH COURT, MIAMI FL 33158**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SOBEL, FRANK M	1.2 NAME	
STREET ADDRESS	14615 S.E. 77TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	SOBEL, ANTONIA V	2.2 NAME	
STREET ADDRESS	14615 S.E. 77TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	SOBEL, NANCY E	3.2 NAME	SOBEL, NANCY E
STREET ADDRESS	14615 S.E. 77TH COURT	3.3 STREET ADDRESS	240 East 35th St
CITY-ST-ZIP	MIAMI FL 33158	3.4 CITY-ST-ZIP	NEW YORK, NY 10016
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ DATE: **6/13/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____

CR2E037 (3/96)