

FILE NOW: FILING FEE IS \$61.25

FILED

**May 09 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000005746 (1)

1. Corporation Name
THE SOBEL FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O FRANK M. SOBEL 14615 S.E. 77TH COURT MIAMI FL 33158
C/O FRANK M. SOBEL 14615 S.E. 77TH COURT MIAMI FL 33158-1651

3. Date Incorporated or Qualified **12/05/1995** 3a. Date of Last Report **06/21/1996**
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 2a. Mailing Address
21 **14615 S.W. 77th Court** 26 **14615 S.W. 77th Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 City & State **Miami, Florida** 27 City & State **Miami, Florida**
24 Zip **33158** 25 Country 29 Zip **33158** 30 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOBEL, FRANK M	
STREET ADDRESS	14615 S.E. 77TH COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SOBEL, ANTONIA V	
STREET ADDRESS	14615 S.E. 77TH COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOBEL, NANCY E	
STREET ADDRESS	240 EAST 35TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14615 S.W. 77th Court
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14615 S.W. 77th Court
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 *Frank M. Sobel*

4/24/97

CR2E037 (9/96)