

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 19 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N96000001310 (9)**  
1. Corporation Name  
**KENNETH A. LATTMAN FOUNDATION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>1 SOUTHEAST THIRD AVENUE<br/>28TH FLOOR<br/>MIAMI FL 33131</b> | Mailing Address<br><b>1 SOUTHEAST THIRD AVENUE<br/>28TH FLOOR<br/>MIAMI FL 33131-1716</b> |
|--|---|

|  |                         |
|--|-------------------------|
| 3. Date Incorporated or Qualified<br><b>03/08/1996</b> | 3a. Date of Last Report |
|--|-------------------------|

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>31-1466884</b>   | Applied For<br>Not Applicable         |
| 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>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

**9. Name and Address of Current Registered Agent**  
**RAATTAMA, HENRY H JR  
1 SOUTHEAST THIRD AVENUE  
28TH FLOOR  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>FL</b> <b>85</b> 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                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LATTMAN, ALEX S</b>                   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>230 174TH STREET</b>                  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>MIAMI BEACH FL 33160</b>              | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LATTMAN, NORMA</b>                    | 2.2 NAME  |  |
| STREET ADDRESS             | <b>230 174TH STREET</b>                  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>MIAMI BEACH FL 33160</b>              | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ABRAMSON, ELLIOTT</b>                 | 3.2 NAME  |  |
| STREET ADDRESS             | <b>721 BILTMORE WAY</b>                  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>CORAL GABLES FL 33134</b>             | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ABRAMSON, SHERRY</b>                  | 4.2 NAME  | <b>ABRAMSON, (Shelley)</b>   |
| STREET ADDRESS             | <b>721 BILTMORE WAY</b>                  | 4.3 STREET ADDRESS                                    | <b>Rochelle</b>  |
| CITY - ST - ZIP            | <b>CORAL GABLES FL 33134</b>             | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ABRAMSON, JEROME</b>                  | 5.2 NAME  |  |
| STREET ADDRESS             | <b>721 BILTMORE WAY</b>                  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>CORAL GABLES FL 33134</b>             | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LYONS, MONICA</b>                     | 6.2 NAME  | <b>Lyons, Monica</b>   |
| STREET ADDRESS             | <b>6216 COUNTRY SIDE LANE</b>            | 6.3 STREET ADDRESS                                    | <b>9 Boulder Creek Circle</b>  |
| CITY - ST - ZIP            | <b>MADISON WS 53705</b>                  | 6.4 CITY - ST - ZIP                                   | <b>Madison, Wisconsin 53717-2702</b>   |

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 changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **1/31/97** DAYTIME PHONE # **805/445-6007**

CR2E037 (9/96)