

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90196 011 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000007257**

1. Corporation Name  
**ELEANOR AND MENACHEM COHEN FAMILY FOUNDATION, IN C.**

Principal Place of Business  
 25 S.E. SECOND AVENUE STE. 1120  
 MIAMI FL 33131

Mailing Address  
 25 S.E. SECOND AVENUE STE. 1120  
 MIAMI FL 33131



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	12/24/1998
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	65-0883308
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE 28TH FLOOR MIAMI FL 33131				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ DATE 04-06-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P, D ELEANOR COHEN
STREET ADDRESS		1.3 STREET ADDRESS	25 SE. 2 AVE, STE 1120
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CANDICE N. COHEN
STREET ADDRESS		2.3 STREET ADDRESS	25 SE. 2 AVE, STE 1120
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STEFAN COHEN
STREET ADDRESS		3.3 STREET ADDRESS	25 S.E. 2 AVE, STE 1120
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Eleanor Cohen SIGNATURE REQUIRED 04-06-99 (305) 350-9911  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)