FILE NOW: FILING FEE IS $61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N94000005092 (1)

1. Corporation Name
SILVERMAN FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146	1320 SOUTH DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 10/14/1994

4. FEI Number: 65-0526279 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2800 Ponce De Leon Blvd.	26 2800 Ponce De Leon Blvd.
Suite, Apt. #, etc. 22 Suite 1125	Suite, Apt. #, etc. 27 Suite 1125
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip / Country 24 33134 / 25 USA	Zip / Country 29 33134 / 30 USA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BREIER, ROBERT G 1320 SOUTH DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146	81 Name: Robert G. Breier, Esq. 82 Street Address (P.O. Box Number Is Not Acceptable): 2800 Ponce De Leon Boulevard 83 Suite 1125 84 City: Coral Gables FL 85 Zip Code: 33134

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 _____ 3/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	☐ DELETE	1.1 TITLE	DPC	☒ Change ☐ Addition
NAME	SILVERMAN, BARRY J		1.2 NAME	Silverman, Barry J.	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830		1.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DS	☐ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	SILVERMAN, JUDY		2.2 NAME	Silverman, Judy	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830		2.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DT	☐ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	SILVERMAN BIANCO, RONNI		3.2 NAME	Silverman Bianco, Ronni	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830		3.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DV	☐ DELETE	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	SILVERMAN, LAURIE K		4.2 NAME	Silverman, Laurie K.	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830		4.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Barry A Silverman 3/25/98 305/705-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #