## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

THE BARON DEHIRSCH MEYER FOUNDATION

									(1) <b>(1)</b> (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Principal Place of Business			Mailing Address				: 100111 16661 00111 10011 11011 00100 1	ISSA OVOTA BABAL ONOM ONOM DADLA BABAR 1800)	
C/O POLLY DE HIRSCH MEYER 407 LINCOLN RD SUITE &J			C/O POLLY DE HIRSCH MEYER 407 LINCOLN RD SUITE 6J				3. Date Incorporated or Qualified 08/30/1974		
MIAMI BEACH F	L 33139		MIAMI BEACH FL 33139	)				4. FEI Number	Applied For
								59-6129646	Not Applicable
2. Principal P	lace of Busin	098	2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional	
21			26				G. Certificate of Status Desired	Fee Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 May Be	
22			27				Trust Fund Contribution	Added to Fees	
City & State			City & State				7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip Country				Yes No  8. This corporation owes or has paid the current year Intangible			
24	1	25	29	30	Country	•		Personal Property Tax due June	- · - ·
271	9. Neme	and Address of Curren	[	[30]				10. Name and Address of New Re	<del></del>
					81	Name			
BARASH, ESO., A. JEFFREY					82	Ptropt	Addra	ss (P.O. Box Number is Not Acceptab	No.
1140 KANE CONCORUSE					02	Street	Addres	ss (P.O. Box Mumber is Not Acceptati	ne)
BAY HARBOR ISLANDS FL 33154					83				
					84	City		<del></del>	65 Zip Code
					1	,			FL IT!
11. Pursuant	to the provisi	ons of Sections 617.050	2 and 617.1508, Florida Sta	atules, th	e above	e-named	corpo	ration submits this statement for the p in's board of directors. I hereby accep	urpose of changing its registered
agent. I a	m familiar wi	th, and accept the obliga	ations of, Section 617.0503,	, Florida	Statute	\$ (116 COI	poratio	irs board or directors, rinereby accep	of the appointment as registered
SIGNATURE .									
12.	Signature, lyped	or printed name of registered age OFFICERS AND			stered Age	ent eignatur	e required	when reinslating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	SD	OFFICENS AND	DELETE		1.1 TITLE		VS		Change Addition
NAME		AN, MARTIN L.			1.2 NAME		-	-	AT CHARGE THE PROPERTY.
STREET ADDRESS 4401 POST AV					1.3 STREET	Annesss			
CITY-ST-ZIP MIAMI BI				1.4 CI			İ		
TITLE	PTD		DELETE		2.1 TITLE	- Lu	$\vdash$	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME				2.2 N					
		LLINS AVENUE			2.3 STREET	ADDRESS			
CITY-ST-ZIP MIAMI BEA		ACH FL	2.40		2. 4 CITY-1	ST-ZIP			
TITLE	VD		☐ DELETE	3	3.1 TITLE				Change Addition
NAME	WILLIAMS, MARIE			3.2 NAME					
STREET ADDRESS	TREET ADDRESS 3515 CRYSTAL COURT		3.3 STREET		ADDRESS				
CITY-ST-ZIP	<u>Miami Fi</u>	<u> </u>			3.4. CITY - 5	ST-ZIP	<u> </u>	<u></u>	
TITLE			☐ DELETE		4.1 TITLE		D,	-1 0 11 11	Change Addition
NAME					1. 2 NAME		216	adman Colleen K	
STREET ADDRESS			4.3 STREET ADDRESS		3440	of Post Ave			
CITY-ST-ZIP			DELETE		1.4 CITY - S	T-ZIP	1 1 1 1	iami Beach FL	Chance Addition
TITLE				-	5.1 TITLE				☐ Change ☐ Addition
NAME CYNCET ADDRESS					5.2 NAME	1000000			
STREET ADDRESS				1	5.3 STREET				
CITY-ST-ZIP TITLE	-		DELETE		5.4 CITY-S 6.1 TITLE	1-214	<del> </del>		Change Addition
NAME					5.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
SINEE! ADDNESS				1 5	v.o SINEEI	MUUTESS	l		

14. I hereby certify that the Information supplied with this filing indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or this. ty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

3056720934

**FILED** 

May 05 1998 8:00am

Secretary of State