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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 # 713393 (7)

1. Corporation Name

THE FOUNDLINGS CLUB, INC.

Principal Place of Business

2399 N.E. SECOND AVENUE
MIAMI FL 33137

Mailing Address

2399 N.E. SECOND AVENUE
MIAMI FL 33137-4807

3. Date Incorporated or Qualified
09/29/1967

3a. Date of Last Report
04/24/1996

4. FEI Number

59-2717196

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, D.P.S.
701 BRICKELL AVENUE
23RD FLOOR
MIAMI FL 33131

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

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

TITILE ☐ DELETE
NAME T
STREET ADDRESS CAPRARO, FRANZ
CITY-ST-ZIP 2399 N.E. SECOND AVE.
MIAMI FL

TITILE ☐ DELETE
NAME DP
STREET ADDRESS WOLFSON, MITCHELL J.
CITY-ST-ZIP 2399 N.E. SECOND AVE.
MIAMI FL

TITILE ☐ DELETE
NAME VPD
STREET ADDRESS WOLFSON, LOUIS III
CITY-ST-ZIP 2399 N.E. SECOND AVE.
MIAMI FL

TITILE ☐ DELETE
NAME DS
STREET ADDRESS PAUL, DAN
CITY-ST-ZIP 701 BRICKELL AVE
MIAMI, FL

TITILE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

[Handwritten Signature]

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