FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:01

DOCUMENT # **719796** **(5)**

1. Corporate Name

THE MIAMI CRANIOFACIAL ANOMALIES FOUNDATION, INC

Principal Place of Business	Mailing Address
6601 S.W. 80TH STREET SOUTH MIAMI FL 33143	6601 S.W. 80TH STREET SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/03/1970**
3a. Date of Last Report: **07/12/1994**
4. FEI Number: **23-7097272** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BERKOWITZ,SAMUEL
6601 S W 80TH ST
MIAMI FL 33143

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES, DELETIONS, AND/OR ADDITIONS
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	BERKOWITZ,SAMUEL	12 NAME
STREET ADDRESS	6601 S.W. 80TH STREET	13 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP
TITLE	D	21 TITLE ☐ Change ☐ Addition
NAME	~~GREENBERG,MELVIN N~~ Deceased	22 NAME
STREET ADDRESS	~~1401 BRICKELL AVE~~	23 STREET ADDRESS
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP
TITLE	D	31 TITLE ☐ Change ☐ Addition
NAME	SEPLER, RICHARD	32 NAME
STREET ADDRESS	3250 MARY STREET, #403	33 STREET ADDRESS
CITY-ST-ZIP	COCONUT GROVE FL	34 CITY-ST-ZIP
TITLE	D	41 TITLE ☐ Change ☐ Addition
NAME	SCHARLIN, HOWARD	42 NAME
STREET ADDRESS	1399 S.W. 1ST AVE., 4TH FLOOR	43 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP
TITLE	D	51 TITLE ☐ Change ☐ Addition
NAME	Norman Lipoff	52 NAME
STREET ADDRESS	1401 Brickell Avenue	53 STREET ADDRESS
CITY-ST-ZIP	Miami, FL	54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dr. S Berkowitz 4/24/95 305-667 3126
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

004A08