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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740895** **(8)**

1. Corporation Name

ALBERT EINSTEIN AWARDS INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2110 NE 206TH ST N MIAMI BCH FL 33179	2110 NE 206TH ST N MIAMI BCH FL 33179

3. Date Incorporated or Qualified: **11/28/1977**
3a. Date of Last Report: **09/14/1994**
4. FEI Number: **59-1900464** ☐ 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 § 199.032 Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

FELDMAN, SAMUEL
2110 N.E. 206TH STREET
N. MIAMI BEACH FL 33179

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 _____ DATE
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, SAMUEL A.	12 NAME	
STREET ADDRESS	2110 N.E. 206TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, MURIEL	22 NAME	
STREET ADDRESS	2110 N.E. 206TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KORNBLUM, ALLEN	32 NAME	
STREET ADDRESS	1800 W 49TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SHALITA, FAY	42 NAME	
STREET ADDRESS	410 S.E. 2ND STREET	43 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEWIS, ROBIN	52 NAME	
STREET ADDRESS	10960 TAFT ST.	53 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES 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	

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: Samuel A. Feldman, President 5-1-95 305-931-3552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044770