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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 740895 (8)

1. Corporation Name

ALBERT EINSTEIN AWARDS INSTITUTE, INC.



Principal Place of Business

2110 NE 206TH ST  
N MIAMI BCH FL 33179

Mailing Address

2110 NE 206TH ST  
N MIAMI BCH FL 33179

3. Date Incorporated or Qualified  
11/28/1977

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 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

TITLE ☐ DELETE

NAME PD  
FELDMAN, SAMUEL A.  
STREET ADDRESS 2110 N.E. 206TH STREET  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME D  
FELDMAN, MURIEL  
STREET ADDRESS 2110 N.E. 206TH STREET  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME D  
KORNBUM, ALLEN  
STREET ADDRESS 1800 W 49TH STREET  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME D  
SHALITA, FAY  
STREET ADDRESS 410 S.E. 2ND STREET  
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME D  
LEWIS, ROBIN  
STREET ADDRESS 10960 TAFT ST.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL A. FELDMAN

Date

Daytime Phone #

CR2E037 (12/95)