

**FILE NOW: FILING FEE IS \$61.25**

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**Feb 18 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 759606 (7)**  
1. Corporation Name

**MARTIN Z. MARGULIES FOUNDATION, INC.**



Principal Place of Business <b>THREE GROVE ISLE DRIVE C/O MARTIN Z. MARGULIES COCONUT GROVE FL 33133</b>	Mailing Address <b>THREE GROVE ISLE DRIVE C/O MARTIN Z. MARGULIES COCONUT GROVE FL 33133-4115</b>
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3. Date Incorporated or Qualified <b>08/13/1981</b>	3a. Date of Last Report <b>01/29/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2130476</b>	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARGULIES, MARTIN Z THREE GROVE ISLE DRIVE COCONUT GROVE FL 33133</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARGULIES, MARTIN Z.</b>		1.2 NAME <b>RICHARD BERMONT</b>	
STREET ADDRESS <b>THREE GROVE ISLE DRIVE</b>		1.3 STREET ADDRESS <b>THREE GROVE ISLE DRIVE</b>	
CITY - ST - ZIP <b>COCONUT GROVE FL</b>		1.4 CITY - ST - ZIP <b>COCONUT GROVE, FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARGULIES, ANNE</b>		2.2 NAME	
STREET ADDRESS <b>THREE GROVE ISLE DR.</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>COCONUT GROVE FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HINDS, KATHERINE</b>		3.2 NAME	
STREET ADDRESS <b>THREE GROVE ISLE DRIVE</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>COCONUT GROVE FL</b>		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Martin Z. Margulies* 1/8/97 305-365-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR/ Date Daytime Phone # 0028934

CR2E037 (9/96)