


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

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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</b>
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3. Date incorporated or Qualified  
**08/13/1981**

4. FEI Number  
**59-2130476**

Applied For	
Not Applicable	

21. Principal Place of Business <b>445 Grand Bay Dr</b> Suite, Apt. #, etc. <b>SUITE PH1C</b> City & State <b>Key Biscayne FL</b> Zip <b>33149</b>	22. Mailing Address <b>445 Grand Bay Dr</b> Suite, Apt. #, etc. <b>SUITE PH1C</b> City & State <b>Key Biscayne FL</b> Zip <b>33149</b>
23. Country <b>US</b>	24. Country <b>US</b>

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MARGULIES, MARTIN Z  
THREE GROVE ISLE DRIVE  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

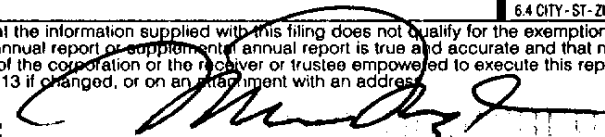
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>445 Grand Bay Dr.</b>
83 City	<b>SUITE PH1C</b>
84 City	<b>Key Biscayne FL</b>
85 Zip Code	<b>33149</b>

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGULIES, MARTIN Z.</b>	1.2 NAME	
STREET ADDRESS	<b>THREE GROVE ISLE DRIVE</b>	1.3 STREET ADDRESS	<b>445 Grand Bay Dr., STE: PH1C</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	1.4 CITY-ST-ZIP	<b>Key Biscayne FL 33149</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMONT, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>3 GROVE ISLE DR</b>	2.3 STREET ADDRESS	<b>445 Grand Bay Dr., STE. PH1C</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	2.4 CITY-ST-ZIP	<b>Key Biscayne FL 33149</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" 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	<b>445 Grand Bay Dr., STE. PH1C</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	3.4 CITY-ST-ZIP	<b>Key Biscayne FL 33149</b>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **3/17/98 (305) 365-0500**

CR2E037 (10/97)