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Jan 17 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 # 760444 (0)
1. Corporation Name
HIRSCHHORN FOUNDATION, INC.



Principal Place of Business: 2600 DOUGLAS RD. PH1 CORAL GABLES FL 33134
Mailing Address: 2600 DOUGLAS RD. PH1 CORAL GABLES FL 33134-6127

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 10/07/1981
3a. Date of Last Report: 02/02/1996
4. FEI Number: 59-2159670
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
HIRSCHHORN, JOEL
2600 DOUGLAS RD. PH1
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent (81-85)

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIRSCHHORN, JOEL	
STREET ADDRESS	2600 DOUGLAS, RD. PH1	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HIRSCHHORN, EVELYN	
STREET ADDRESS	2600 DOUGLAS RD. PH1	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HIRSCHHORN, BENNETT	
STREET ADDRESS	2600 DOUGLAS ROAD PH1	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HIRSCHHORN, DOUGLAS	
STREET ADDRESS	2600 DOUGLAS RD.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or if it has changed, with an address.

SIGNATURE: _____ DATE: 1-8-97 (305) 445-5320

CR2E037 (9/96)