

FILE NOW: FILING FEE IS \$61.25

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90007 020 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # 846140

1. Corporation Name

Israel and Clara Silver Foundation Corporation ✓

551153 - 90007 - 20

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 19707 Turnberry Way Apt. 7G North Miami Beach, FL 33180 | C/O Hirsh & Co 8525 N W 53 Terr Ste 206 Miami, FL 33166 US |

| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 C/O Hirsh & Co | 26 | 06/04/1980 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 8525 NW 53 Terr Ste 206 | 27 | 23-7045589 |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Miami, FL | 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip | Country | |
| 24 33166 | 25 USA | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

George, James R Esq
 Ruden, McClosky, Smith, Schoster & Russell
 701 Brickell Ave, Ste 1900
 Miami, FL 33131 US

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hochfelder, Adele | 1.2 NAME | |
| STREET ADDRESS | 8305 N W 61 Street | 1.3 STREET ADDRESS | 907 Rainbow Drive |
| CITY - ST - ZIP | Tamarac, FL 33321 | 1.4 CITY - ST - ZIP | Richardson, TX 75081 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jacobs, Barbara S | 2.2 NAME | |
| STREET ADDRESS | 7360 S Oriole Blvd #703E | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | Delray Bch, FL 33446 | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Steinberg, Phyllis | 3.2 NAME | |
| STREET ADDRESS | 7370 S Oriole Blvd, # 507 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | Delray Bch, FL 33446 | 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara S Jacobs* Barbara S Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-499-1618

Daytime Phone #