FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:55

DOCUMENT # **F94000006094 (6)**

1. Corporation Name

MARVIN AND KAY LICHTMAN FOUNDATION (CORPORATION)

Principal Place of Business	Mailing Address
2 GROVE ISLE DR. COCONUT GROVE FL 33133	2 GROVE ISLE DR. COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report:
4. FEI Number: 36-3795280 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
1111 LINCOLN ROAD; SUITE 500
MIAMI BEACH FL 33139

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	LICHTMAN, MARVIN	12 NAME	
STREET ADDRESS	2 GROVE ISLE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	14 CITY-ST-ZIP	
TITLE	CV	21 TITLE	☐ Change ☐ Addition
NAME	LICHTMAN, KAY	22 NAME	
STREET ADDRESS	2 GROVE ISLE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOOD, JUNE	32 NAME	
STREET ADDRESS	MERRILL LYNCH AT THE FALLS, 8840 SW 136 ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☑ Addition
NAME	KAY LICHTMAN	42 NAME	D JHEILA HIGGASON
STREET ADDRESS	2 GROVE ISLE	43 STREET ADDRESS	2833 HOFFMAN LANE
CITY-ST-ZIP	COCONUT GROVE FL 33133	44 CITY-ST-ZIP	RIVERWOOD, IL 60015
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LICHTMAN, MARVIN	52 NAME	
STREET ADDRESS	2 GROVE ISLE	53 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Marvin Lichtman 3/10/95 708 382 0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARVIN LICHTMAN

0041910