


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

**FILED**  
**Jan 16 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
---	---	---

**DOCUMENT # N06819 (9)**

1. Corporation Name  
**THE LURIA FAMILY FOUNDATION, INC.**



Principal Place of Business 7744 FISHER ISLAND DR. FISHER ISLAND FL 33109 US	Mailing Address 7774 FISHER ISLAND DR. FISHER ISLAND FL 33109 US
---	---

3. Date Incorporated or Qualified <b>12/26/1984</b>		
4. FEI Number <b>59-2477088</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 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

**LURIA, LEONARD**  
**7774 FISHER ISLAND DR.**  
**FISHER ISLAND FL 33109**

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 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]* (NOTE: Registered Agent signature required when reinstating) DATE: *1/16/98*

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	LURIA, LEONARD	
STREET ADDRESS	7774 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LURIA, GLORIA	
STREET ADDRESS	7774 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LURIA, PETER	
STREET ADDRESS	1800 WEST 23 ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LURIA, HENRY	
STREET ADDRESS	3595 ST. GARDENS RD.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LURIA-COHEN, NANCY	
STREET ADDRESS	1440 W 23RD ST	
CITY-ST-ZIP	MIAMI BCH FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Luria-Cohen-Nancy</i>
5.3 STREET ADDRESS	<i>1415 N. View Drive Sunset Island #1</i>
5.4 CITY-ST-ZIP	<i>Miami Beach FL 33140</i>
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 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: *[Signature]* **REQUIRED** *1/2/98 305 534 9800*

CR2E037 (10/97)