


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-02-1999 90011 043 *****61.25

DOCUMENT # N06819

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/26/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2477088
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LURIA, LEONARD 7774 FISHER ISLAND DR. FISHER ISLAND FL 33109		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 _____ 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 DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LURIA, LEONARD		1.2 NAME	
STREET ADDRESS 7774 FISHER ISLAND DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP FISHER ISLAND FL		1.4 CITY-ST-ZIP	
TITLE DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LURIA, GLORIA		2.2 NAME	
STREET ADDRESS 7774 FISHER ISLAND DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP FISHER ISLAND FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LURIA, PETER		3.2 NAME	
STREET ADDRESS 1800 WEST 23 ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LURIA, HENRY		4.2 NAME	
STREET ADDRESS 3595 ST. GARDENS RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LURIA-COHEN, NANCY		5.2 NAME	
STREET ADDRESS 1415 N VIEW DR SUNSET ISLAND #1		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL 33140		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 on an attachment with an address, with all-other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 1/14/99 DAYTIME PHONE #: 305 534 9500

CR2E037 (1/98)