

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N09184** (5)

1. Corporation Name

THE WOLFSON FOUNDATION OF DECORATIVE AND PROPAGANDA ARTS, INC.



Principal Place of Business

Mailing Address

%FRANZ CAPRARO
2399 NE SECOND AVENUE
MIAMI FL 33137

%FRANZ CAPRARO
2399 NE SECOND AVENUE
MIAMI FL 33137

3. Date Incorporated or Qualified
05/08/1985

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number
59-2554428

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPRARO, FRANZ
2399 NE SECOND AVENUE
MIAMI FL 33137

81 Name
LEFF, CATHY A.
82 Street Address (P.O. Box Number is Not Acceptable)
2399 NE 2ND AVENUE
83
84 City **MIAMI** FL 85 Zip Code
33137

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **WOLFSON, MITCHELL JR**
CITY - ST - ZIP **5030 NORTH BAY ROAD**
MIAMI BEACH FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PAUL, DAN**
CITY - ST - ZIP **701 BRICKELL AVE.**
MIAMI FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CAPRARO, FRANZ**
CITY - ST - ZIP **2821 SW 116 AVE**
DAVE FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **LEFF, CATHY**
CITY - ST - ZIP **1000 VENETIAN WAY #706**
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME **S, T**
33 STREET ADDRESS **CAPRARO, FRANZ**
34 CITY - ST - ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME **VPD**
43 STREET ADDRESS **LEFF, CATHY A.**
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHY LEFF

4.16.96

Date

Daytime Phone #

305 5730444

CR2E037 (12/95)