

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**
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

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

9. Name and Address of Current Registered Agent
**CAPRARO, FRANZ
2399 NE SECOND AVENUE
MIAMI FL 33137**

10. Name and Address of New Registered Agent
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]* **CATHY LEFF** DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP WOLFSON, MITCHELL JR 5030 NORTH BAY ROAD MIAMI BEACH FL
D PAUL, DAN 701 BRICKELL AVE. MIAMI FL
D CAPRARO, FRANZ 2821 SW 116 AVE DAVE FL
S LEFF, CATHY 1000 VENETIAN WAY #706 MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
31 TITLE S,T CAPRARO, FRANZ
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE VPD LEFF, CATHY A.
42 NAME
43 STREET ADDRESS
44 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]* **CATHY LEFF** Date **4.16.96** Daytime Phone # **305 5730444**

CR2E037 (12/95)