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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00am
Secretary of State

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1. Corporation Name

THE WOLFSON FOUNDATION OF DECORATIVE AND PROPAGANDA ARTS, INC.

Principal Place of Business	Mailing Address
THE WOLFSONIAN (4TH FLOOR) 1001 WASHINGTON AVENUE MIAMI BEACH FL 33139	THE WOLFSONIAN (4TH FLOOR) 1001 WASHINGTON AVENUE MIAMI BEACH FL 33139

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/08/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2554428 / Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ / $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEFF, CATHY A 1001 WASHINGTON AVENUE MIAMI BEACH FL 33139	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** ☐ DELETE NAME **WOLFSON, MITCHELL JR** STREET ADDRESS **2318 NE 2ND COURT** CITY-ST-ZIP **MIAMI FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **PAUL, DAN** STREET ADDRESS **701 BRICKELL AVE.** CITY-ST-ZIP **MIAMI FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **ST** ☐ DELETE NAME **CAPRARO, FRANZ** STREET ADDRESS **2821 SW 116 AVE** CITY-ST-ZIP **DAVIE FL**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VPD** ☐ DELETE NAME **LEFF, CATHY A.** STREET ADDRESS **1000 VENETIAN WAY #706** CITY-ST-ZIP **MIAMI FL**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: X _____ SIGNATURE REQUIRED _____ 1-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)