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FILED  
Feb 12 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
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DOCUMENT # **N12510** (6)

1. Corporation Name

**LOUIS WOLFSON II MEDIA HISTORY CENTER, INC.**

Principal Place of Business

Mailing Address

**MIAMI DADE PUBLIC LIBRARY  
101 WEST FLAGLER STREET  
MIAMI FL 33130**

**MIAMI DADE PUBLIC LIBRARY  
101 WEST FLAGLER STREET  
MIAMI FL 33130**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

**12/12/1985**

4. FEI Number

**59-2666628**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 **VP** ☐ DELETE  
NAME **PELTON, MARGARET**  
STREET ADDRESS **101 WEST FLAGLER ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☒ DELETE  
NAME **ROSEN, ERROL**  
STREET ADDRESS **300 NE 2ND AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **BROWN, WILLIAM**  
STREET ADDRESS **UNIVERSITY OF MIAMI**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **WOLFSON, LYNN**  
STREET ADDRESS **5050 NORTH BAY ROAD**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE  
NAME **ABRELL, JOE**  
STREET ADDRESS **536 HARDEE ROAD**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **P** ☐ DELETE  
NAME **GEORGE, PAUL**  
STREET ADDRESS **300 NE 2ND AVE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **T Richter, Winston**  
2.3 STREET ADDRESS **300 NE 2nd Ave.**  
2.4 CITY-ST-ZIP **Miami, Fl.**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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.

SIGNATURE:

*Paul George*

1/6/98 (305) 3751505

CR2E037 (10/97)