FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22745 (6)

1. Corporation Name
THE ZIFF FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
% MS. PENNY MARLIN 4200 BISCAYNE BLVD. MIAMI FL 33137	% MS. PENNY MARLIN 4200 BISCAYNE BLVD. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1987
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-1008358 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % STEPHEN E. ROSE	26 % STEPHEN E. ROSE
22 Suite, Apt. #, etc. 4200 BISCAYNE BLVD.	27 Suite, Apt. #, etc. 4200 BISCAYNE BLVD.
23 City & State MIAMI, FL	28 City & State MIAMI FL
24 Zip 33137 25 Country USA	29 Zip 33137 30 Country USA

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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
MARLIN, PENNY 4200 BISCAYNE BLVD. MIAMI FL 33137	81 Name: STEPHEN E. ROSE 82 Street Address (P.O. Box Number is Not Acceptable): 4200 BISCAYNE BLVD 83 84 City: MIAMI FL 85 Zip Code: 33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Stephen E. Rose 1/24/95
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	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LIPOFF, NANCY	1.2 NAME	STEPHEN E. ROSE	
STREET ADDRESS	3 GROVE ISLE DR.	1.3 STREET ADDRESS	4200 BISCAYNE BLVD.	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FLEEMAN, DAVID	2.2 NAME		
STREET ADDRESS	175 FONTAINBLEAU BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ZIFF, DEAN	3.2 NAME		
STREET ADDRESS	2999 BRICKELL AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HARRY B.	4.2 NAME		
STREET ADDRESS	1 GROVE ISLE DR. #309	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, JACOB	5.2 NAME		
STREET ADDRESS	4200 BISCAYNE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Stephen E. Rose 1/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR Date Daytime Phone #

0007636