


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22745** (6)

1. Corporation Name

HELENE D. ZIFF MEMORIAL FOUNDATION, INC.



Principal Place of Business C/O ROSE, STEPHEN. E 4200 BISCAYNE BLVD MIAMI FL 33137 US	Mailing Address C/O ROSE, STEPHEN. E 4200 BISCAYNE BLVD MIAMI FL 33137-3210 US
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3. Date Incorporated or Qualified 09/29/1987	3a. Date of Last Report 04/25/1996
4. FEI Number 65-1008358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent ROSE, STEPHEN E 4200 BISCAYNE BLVD MIAMI FL 33137	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME ROSE, STEPHEN E	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4200 BISCAYNE BLVD.		1.2 NAME	
CITY-ST-ZIP MIAMI FL		1.3 STREET ADDRESS	
TITLE D	NAME JANIA M. VICTORIA	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2999 BRICKELL AVE		2.1 TITLE	
CITY-ST-ZIP MIAMI FL		2.2 NAME	
TITLE D	NAME ZIFF, DEAN	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2999 BRICKELL AVE.		2.4 CITY-ST-ZIP	
CITY-ST-ZIP MIAMI FL		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME SMITH, HARRY B.	3.2 NAME	
STREET ADDRESS 1 GROVE ISLE DR. #309		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME SOLOMON, JACOB	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4200 BISCAYNE BLVD		4.2 NAME	
CITY-ST-ZIP MIAMI FL		4.3 STREET ADDRESS	
TITLE D	NAME NANCY LIPOFF	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4200 BISCAYNE BLVD		5.1 TITLE	
CITY-ST-ZIP MIAMI FL		5.2 NAME	
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029329

CR2E037 (9/96)