

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N24130 (9)

1. Corporation Name
 EDR FOUNDATION, INC.



Principal Place of Business: 16345 W DIXIE HWY SUITE #224 NORTH MIAMI BEACH FL 33160
 Mailing Address: 16345 W DIXIE HWY SUITE #224 NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 12/29/1987
 3a. Date of Last Report: 02/21/1995

2. Principal Place of Business: 21 16740 N.E. 9TH AVE
 Suite, Apt. #, etc.: 22 APT. 307
 City & State: 23 N. MIAMI BEACH, FL
 Zip: 24 33162 Country: 25 USA
 2a. Mailing Address: 26 17038 W. DIXIE HWY
 Suite, Apt. #, etc.: 27 STE 224
 City & State: 28 N. MIAMI, FL.
 Zip: 29 33160 Country: 30 USA
 4. FEI Number: 22-2937918
 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

9. Name and Address of Current Registered Agent: GALITZER, JOSHUA S. 17101 N.E. 6TH AVENUE NORTH MIAMI BEACH FL 33162
 10. Name and Address of New Registered Agent: 81 Name: AMSEL, MORRIS
 82 Street Address (P.O. Box Number is Not Acceptable): 16740 N.E. 9TH AVE.
 83 APT. 307
 84 City: N. MIAMI BEACH FL 85 Zip Code: 33162

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: *Morris Amzel* - MORRIS AMSEL DATE: 6/28/96
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: LEHRFIELD, DAVID STREET ADDRESS: 1345 N.E. 171 STREET CITY-ST-ZIP: N. MIAMI BEACH FL	1.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: DANIEL SIMON, DANIEL 1.3 STREET ADDRESS: 11 BEIT YISROEL ST. 1.4 CITY-ST-ZIP: BEIT SHEMESH, ISRAEL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: GALITZER, JOSHUA S. STREET ADDRESS: 1075 N.E. 176TH STREET CITY-ST-ZIP: N. MIAMI BEACH FL	2.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: ROSEN, MARC J. 2.3 STREET ADDRESS: 5 ROMAN CT. 2.4 CITY-ST-ZIP: LAKE GRUVE, N.Y.
TITLE: D <input type="checkbox"/> DELETE	NAME: AMSEL, MORRIS STREET ADDRESS: 16740 NE 9TH AVENUE #307 CITY-ST-ZIP: N. MIAMI BEACH FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MORRIS AMSEL* AMSEL DATE: 6/28/96 705 652-1287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)