

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28190 (9)
1. Corporation Name
THE CSI FOUNDATION, INC.



Principal Place of Business Mailing Address
**515 E LAS OLAS BLVD. STE 1600
FT. LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified **09/02/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0082827** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**BEILLY, BRADFORD J., ESQUIRE
790 E BROWARD BLVD, STE 200
FT. LAUDERDALE FL 33301**

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

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

| | | |
|----------------|----------------------|--|
| TITLE | PDST | <input type="checkbox"/> DELETE |
| NAME | REITER, WILLIAM M. | |
| STREET ADDRESS | 515 E LAS OLAS BLVD | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | CIMOCH, PAUL | |
| STREET ADDRESS | 515 E LAS OLAS BLVD | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | REITER, MARVIN | |
| STREET ADDRESS | 515 E LAS OLAS BLVD | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | DVT | <input checked="" type="checkbox"/> DELETE |
| NAME | KIRCHENBAUM, DAVID W | |
| STREET ADDRESS | 515 E LAS OLAS BLVD | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MITCHELL KORUS | |
| 1.3 STREET ADDRESS | 5757 La Gorce Drive | |
| 1.4 CITY-ST-ZIP | Miami Beach, FL 33141 | |
| 2.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | YVETTE BERREBI | |
| 2.3 STREET ADDRESS | 20 Island Avenue, Apt. 817 | |
| 2.4 CITY-ST-ZIP | Miami Beach, FL 33139 | |
| 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | RAMON PEREZ-GOIZUETA | |
| 3.3 STREET ADDRESS | 1500 Bay Road, Apt. 870 | |
| 3.4 CITY-ST-ZIP | Miami Beach, FL 33139 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 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 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: William M. Reiter Date: 2/16/96 Daytime Phone #: 305-746-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)