FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # N28190

(9)

THE CSI FOUNDATION, INC.

THE US	I FOUNDATION, INC.								
Principal Place	of Business	Mailing Address			•	-	JOHN DAGIN BABIN D		
515 E LAS OL FT. LAUDERD	AS BLVD. STE 1600 ALE FL 33301	515 E LAS OLAS BLVI FT. LAUDERDALE FL 3 US		0					
00	00				3. Date Incorporated or Qualified 3a. Date of Last F 09/02/1988 05/01/18			•	
2. Principal Pla	ce of Business	2a. Mailing Address 26				4. FEI Number 65-0082827			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.						$\overline{}$	Additional
22		27				5. Certificate of Status Desired	x		Required
City & State		City & State				6. Election Campaign Financing			May Be
Zip	Country	Zip	Cou	intry		Trust Fund Contribution 8. This corporation has liability for in			d to Fees
24	25	29	30	,			Yes No		199.002,
	9. Name and Address of Curren	t Registered Agent	1			10. Name and Address of New Re	gistered Age	nt	
				B1 Na	ne				
	Bradford J., Esquire			82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		
790 E BROWARD BLVD, STE 200				B3		<u> </u>			
FT. LAUE	ERDALE FL 33301			03					
		•		84 Cit	/		FL ⁽	5 Zip	o Code
or registere familiar with	d agent, or both, in the State of Floric , and accept the obligations of, Secti	da. Such change was authoriz on 617.0503, Florida Statutes	ed by the o	corporatio	n's board	lion submits this statement for the purp of directors. I hereby accept the appoi	ntment as reg	istered	agent. I am
· · · · · · · · · · · · · · · · · · ·	Ignature, typeo or printed name of registered agent			Agent signa	ture required w	when reinstating)	DATE	SECTO	50.0140
12.	PDST	DELETE	, 13.	TI E	l Di	ADDITIONS/CHANGES TO OFFIC		hange	KKAddition
NAME	REITER, WILLIAM M.	Пресен	12 N			TCHELL KORUS	ω,	mungo	£23 2 10 attrost
STREET ADDRESS	515 E LAS OLAS BLVD			TREET ADDRI		757 La Gorce Drive			
C11Y-S1-ZIP	FT. LAUDERDALE FL		1.4 C	ITY-ST-ZIP	Mi	ami Beach, FL 33141			
TITLE	DV	DELETE	2111	TLE		rector		hange	Addition
NAME	CIMOCH, PAUL		2 2 N	AME	YV	ETTE BERREBI			
STREET ADDRESS	515 E LAS OLAS BLVD		235	freet addri	ss 20) Island Avenue, Apt. Lami Beach, FL 33139	. 817		
CITY-ST-ZIP	FT. LAUDERDALE FL	EX no ere		ITY-ST-ZIP				hanas	Addition
TITLE NAME	DS DEITED MADAM	₩ DELETE	3 1 TI 3 2 N		RA	rector AMON PEREZ-GOIZUETA	Ш,	hange	** TAUGILION
STREET ADDRESS	REITER, MARVIN 515 E LAS OLAS BLVD			rime Treet adori	1 75	00 Bay Road, Apt. 87	70		
CITY-ST-ZIP	FT. LAUDERDALE FL			HTY-ST-ZIP		ami Beach, FL 33139			
TITLE	DVT	⊠ DELETE	4 1 TI		1	•		hange	Addition
NAME	KIRCHENBAUM, DAVID W		4 2 N	IAME					
STREET ADDRESS	515 E LAS OLAS BLVD		4.3 S	TREET ADDRI	ss				
CITY-ST-ZIP	FT LAUDERDALE FL			ITY-ST-ZIP					
TITLE		DELETE	5.1 TI					hange	Addition
NAME			5.2 N						
STREET ADDRESS				TREET ADDR	SS				
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 TI	ITY-ST-ZIP			<u> </u>	hange	Addition
NAMÉ		€_Decerte	6.2 N				۰	. migo	- FOOIDOII
STREET ADDRESS				amic Treet addri	:55				
CITY-ST-ZIP				ITY - \$T - 2 IP					
14. I do hereby certify that oath; that I	the information indicated on this annu	al report or supplemental ann ration or the receiver or truste	nished and lual report i le empowe	does not is true an	d accurate	the exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 617, Flor	ame legal effe	ct as if	made under

305-7166-255Z

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: