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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

515 E LAS OLAS BLVD. STE 1600
FT. LAUDERDALE FL 33301
US

Mailing Address

515 E LAS OLAS BLVD. STE 1600
FT. LAUDERDALE FL 33301-2268
US

3. Date Incorporated or Qualified
09/02/1988

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDTS
NAME REITER, WILLIAM M.
STREET ADDRESS 515 E LAS OLAS BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DV
NAME CIMOCH, PAUL
STREET ADDRESS 515 E LAS OLAS BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
NAME KORUS, MITCHELL
STREET ADDRESS 5757 LA GORCE DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE D
NAME BERREBI, YVETTE
STREET ADDRESS 20 ISLAND AVENUE APT 817
CITY-ST-ZIP MIAMI BEACH FL

TITLE D
NAME PEREZ, GOIZUETA R
STREET ADDRESS 1500 BAY ROAD APT 870
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****90.00 *****90.00

Ac Alan
9/23/97

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.

CR2E037 (9/96)