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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N28190 (9)**

1. Corporation Name  
**THE CSI FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**\$15 E LAS OLAS BLVD. STE 1600  
FT. LAUDERDALE FL 33301  
US** **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 2a. Mailing Address  
21 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 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		DELETED
TITLE	<b>PDTS</b>	<input type="checkbox"/>
NAME	<b>REITER, WILLIAM M.</b>	
STREET ADDRESS	<b>515 E LAS OLAS BLVD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/>
NAME	<b>CIMOCH, PAUL</b>	
STREET ADDRESS	<b>515 E LAS OLAS BLVD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>KORUS, MITCHELL</b>	
STREET ADDRESS	<b>5757 LA GORCE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>BERREBI, YVETTE</b>	
STREET ADDRESS	<b>20 ISLAND AVENUE APT 817</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>PEREZ, GOIZUETA R</b>	
STREET ADDRESS	<b>1500 BAY ROAD APT 870</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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\*\*\*\*\*90.00 \*\*\*\*\*90.00

*Declaran*  
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)