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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N28190 (9)

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 33301-2260 US

Date of Incorporation or Qualified: 09/02/1988
Date of Last Report: 02/22/1996

21	22	23	24	25	26	27	28	29	30	4.	Applied For
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For				Not Applicable	
21 2020 NE 48th Ct		26 1901 N. Atlantic Blvd		65-0082827							
22 Suite, Apt. #, etc.		27 c/o William M. Reiter		5. Certificate of Status Desired		8.75 Additional Fee Required					
23 Ft. Lauderdale, FL		28 Ft. Lauderdale, FL		6. Election Campaign Financing		5.00 May Be Added to Fees					
24 33308		29 33305		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEILLY, BRADFORD J., ESQUIRE 790 E BROWARD BLVD, STE 200 FT. LAUDERDALE FL 33301				81 Name William M. Reiter			
				82 Street Address (P.O. Box Number is Not Acceptable) 1901 N. Atlantic Blvd			
				83			
				84 City Ft. Lauderdale FL 85 Zip Code 33305			

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *William M. Reiter* DATE: 5/4/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	POTS	<input type="checkbox"/> DELETE	1.1 TITLE	POTS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REITER, WILLIAM M.		1.2 NAME	Reiter, William M.			
STREET ADDRESS	515 E LAS OLAS BLVD		1.3 STREET ADDRESS	1901 N. Atlantic Blvd			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305			
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CIMCOCH, PAUL		2.2 NAME	Paul Cimoch			
STREET ADDRESS	515 E LAS OLAS BLVD		2.3 STREET ADDRESS	100 Pacifica Suite 100			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Irvine, CA 92718			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KORUS, MITCHELL		3.2 NAME	Wendy Fajone			
STREET ADDRESS	5757 LA GORCE DRIVE		3.3 STREET ADDRESS	100 Pacifica Suite 100			
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP	Irvine, CA 92718			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERREBI, YVETTE		4.2 NAME				
STREET ADDRESS	20 ISLAND AVENUE APT 817		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEREZ, GOIZUETA R		5.2 NAME				
STREET ADDRESS	1500 BAY ROAD APT 870		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

William M. Reiter 5/30/98



CONFIDENTIAL

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