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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32569 (8)

1. Corporation Name
WEINSTEIN FOUNDATION, INC.



Principal Place of Business ONE BISCAYNE TOWER, ST 2690 MIAMI FL 33131 US	Mailing Address ONE BISCAYNE TOWER, ST 2690 MIAMI FL 33131-1806 US
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3. Date Incorporated or Qualified 05/30/1989	3a. Date of Last Report 03/05/1996
4. FEI Number 65-0125944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WEINSTEIN, GEORGE
 ONE BISCAYNE TOWER, ST 2690
 MIAMI FL 33131**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, GEORGE	
STREET ADDRESS	ONE BISCAYNE TOWER, SUITE 2690	
CITY - ST - ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, SHIRLEY B.	
STREET ADDRESS	ONE BISCAYNE TOWER, SUITE 2690	
CITY - ST - ZIP	MIAMI FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, STANLEY	
STREET ADDRESS	ONE BISCAYNE TOWER, SUITE 2690	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, JERRALD	
STREET ADDRESS	95 OLD MILL ROAD	
CITY - ST - ZIP	GREAT NECK NY 11023	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, SARAH	
STREET ADDRESS	1 TWIN PONDS	
CITY - ST - ZIP	GREAT NECK NY 11024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **4/14/97** _____ **305 371 8701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026548

CR2E037 (9/96)