


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90056 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32569**

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 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/30/1989</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0125944</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip	25 Country	29 Zip
		30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, GEORGE</b>	
STREET ADDRESS	<b>ONE BISCAYNE TOWER, SUITE 2690</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, SHIRLEY B.</b>	
STREET ADDRESS	<b>ONE BISCAYNE TOWER, SUITE 2690</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DAS</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, STANLEY</b>	
STREET ADDRESS	<b>ONE BISCAYNE TOWER, SUITE 2690</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, JERRALD</b>	
STREET ADDRESS	<b>95 OLD MILL ROAD</b>	
CITY-ST-ZIP	<b>GREAT NECK NY 11023</b>	
TITLE	<b>DAS</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, SARAH</b>	
STREET ADDRESS	<b>950 OLD MILL RD</b>	
CITY-ST-ZIP	<b>GREAT NECK NY 11023</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>189 WEST 89TH ST</b>
5.4 CITY-ST-ZIP	<b>NEW YORK NY 10023</b>
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 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, with all other like empowered.

SIGNATURE: *Sarah Weinstein* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (1/98)