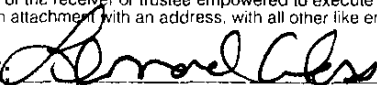


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90069 007 ****61.25

DOCUMENT # N33885 1. Entity Name THE LEONARD L. AND BERTHA U. ABESS FOUNDATION, INCORPORATED.					
Principal Place of Business 25 FLAGLER ST MIAMI, FL 33130 US			Mailing Address LEONARD L ABESS JR 25 W FLAGLER ST 6TH FL MIAMI, FL 33130 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0151462	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMP, PATRICIA M 25 WEST FLAGLER STREET MIAMI, FL 33130				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature is typed or printed name of registered agent and title if applicable. DATE is Date of Signature. Agent signature is required when report is filed.					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ABESS, JAYNE		NAME		
STREET ADDRESS	25 WEST FLAGLER ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ABESS, LEONARD L. JR.		NAME		
STREET ADDRESS	25 WEST FLAGLER ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	ELLIS, LINDA A		NAME		
STREET ADDRESS	25 WEST FLAGLER ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	ST	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	CAMP, PATRICIA M		NAME	ST Kushner, Daniel S.	
STREET ADDRESS	25 WEST FLAGLER ST.		STREET ADDRESS	25 West Flagler Street	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ABESS, ASHLEY		NAME		
STREET ADDRESS	25TH W. FLAGLER ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			01/07/08 305-577-7352		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Date-time Phone #		