

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N34353 (5)  
1. Corporation Name  
THE SIDNEY AND SYLVIA FELDMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

% STEPHEN E. ROSE  
4200 BISCAYNE BLVD.  
MIAMI FL 33137% STEPHEN E. ROSE  
4200 BISCAYNE BLVD.  
MIAMI FL 33137-32103. Date Incorporated or Qualified  
09/26/19893a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0165545

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

ROSE, STEPHEN E  
4200 BISCAYNE BLVD.  
MIAMI FL 33137

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME PAUL BERKOWITZ  
STREET ADDRESS 4200 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME LIPOFF, NANCY  
STREET ADDRESS 3 GROVE ISLE DR.  
CITY-ST-ZIP COCONUT GROVE FL 331332.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SEGAL, MIKE  
STREET ADDRESS 201 S. BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 331313.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SOLOMON, JACOB  
STREET ADDRESS 4200 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 331374.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME OREN, NEDRA  
STREET ADDRESS 3526 BAYSHORE VILLAS DR.  
CITY-ST-ZIP COCONUT GROVE FL 331335.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME ROSE, STEPHEN E  
STREET ADDRESS 4200 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 331376.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029314

CR2E037 (9/96)