

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38885** (2)

1. Corporation Name

ADORNO & ZEDER EMPLOYEES CHARITABLE FOUNDATION, INC.



Principal Place of Business	Mailing Address
% BRIAN K. GOODKIND 2601 S. BAYSHORE DR., SUITE 1600 MIAMI FL 33133-5419 US	% BRIAN K. GOODKIND 2601 S. BAYSHORE DR., SUITE 1600 MIAMI FL 33133-5419 US

3. Date Incorporated or Qualified 06/29/1990	3a. Date of Last Report 02/22/1995
4. FEI Number 65-0202632	Applied For 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	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODKIND, BRIAN K.
2601 S. BAYSHORE DR.
SUITE 1600
MIAMI FL 33133**

81. Name A Z Registered Agent Corporation	
82. Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive	
83. Suite Suite 1600	
84. City Miami	85. Zip Code FL 33133

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 understand the provisions of Section 617.030, Florida Statutes.

A Z REGISTERED AGENT CORPORATION

SIGNATURE **By: [Signature]** **Brian K. Goodkind, President** DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T <input type="checkbox"/> DELETE
NAME	ADORNO, HENRY N.
STREET ADDRESS	2601 S BAYSHORE DR, #1600
CITY - ST - ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ZEDER, JON W.
STREET ADDRESS	2601 S BAYSHORE DR, #1600
CITY - ST - ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GOODKIND, BRIAN K.
STREET ADDRESS	2601 S BAYSHORE DR, #1600
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brian K. Goodkind, President

3-25-96 305-860-7072
Date Day, Time Phone #

CR2E037 (12/95)