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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38885

1. Corporation Name

**ADORNO & ZEDER EMPLOYEES CHARITABLE FOUNDATION,
INC.**

Principal Place of Business

~~% BRIAN K. GOODKIND~~
2601 S. BAYSHORE DR., SUITE 1600
MIAMI FL 33133-5419
US

Mailing Address

~~% BRIAN K. GOODKIND~~
2601 S. BAYSHORE DR., SUITE 1600
MIAMI FL 33133-5419
US



2. Principal Place of Business

21 2601 S. Bayshore Dr.

Suite, Apt. #, etc.

22 1600

City & State

23 Miami Florida

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 2601 S. Bayshore Dr.

Suite, Apt. #, etc.

27 Suite 1600

City & State

28 Miami, FL 33133

Zip

29 33133

Country

30 USA

3. Date Incorporated or Qualified

06/29/1990

4. FEI Number

65-0202632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2601 S BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ADORNO, HENRY N.**
STREET ADDRESS **2601 S BAYSHORE DR, #1600**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **ZEDER, JON W.**
STREET ADDRESS **2601 S BAYSHORE DR, #1600**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME ~~**GOODKIND, BRIAN K.**~~
STREET ADDRESS ~~**2601 S BAYSHORE DR, #1600**~~
CITY-ST-ZIP ~~**MIAMI FL**~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 the 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 any other like endorsement.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 305-858-5555

CR2E037 (11/98)