

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N44290 (7)

1. Corporation Name

JOSEPH H. WALDHORN FOUNDATION, INC.



Principal Place of Business

4200 BISCAYNE BLVD.  
MIAMI FL 33137

Mailing Address

4200 BISCAYNE BLVD.  
MIAMI FL 33137

3. Date Incorporated or Qualified  
07/15/1991

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0284541

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

8. 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

~~MARLIN, PENNY~~ STEPHEN E. ROSE  
4200 BISCAYNE BLVD  
MIAMI FL 33137

81 Name STEPHEN E. ROSE

82 Street Address (P.O. Box Number is Not Acceptable)

4200 BISCAYNE BLVD

83

84 City

MIAMI

FL

85 Zip Code  
33137

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 "standing")

DATE

3/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SMITH, HARRY B.  
STREET ADDRESS 701 BRICKELL AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

1.1 TITLE D  
1.2 NAME JACOB SOLOMON  
1.3 STREET ADDRESS 4200 BISCAYNE BLVD  
1.4 CITY-ST-ZIP MIAMI, FL 33137 ☐ Change ☒ Addition

TITLE D  
NAME SEGAL, MIKE  
STREET ADDRESS 175 N.W. 1ST AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GLICKSTEIN, GARY (RABBI)  
STREET ADDRESS 4144 CHASE AVE  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MARLIN, PENNY  
STREET ADDRESS 4200 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

576-4000

CR2E037 (12/95)