

**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 # **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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0284541**  
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  
~~MARLIN, PENNY~~ **STEPHEN E. ROSE**  
**4200 BISCAYNE BLVD**  
**MIAMI FL 33137**

10. Name and Address of New Registered Agent  
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]* DATE: **3/14/96**  
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when "existing")

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D SMITH, HARRY B.</b>	<input type="checkbox"/>
NAME	<b>701 BRICKELL AVE</b>	
STREET ADDRESS	<b>MIAMI FL</b>	
CITY - ST - ZIP		
TITLE	<b>D SEGAL, MIKE</b>	<input type="checkbox"/>
NAME	<b>175 N.W. 1ST AVE</b>	
STREET ADDRESS	<b>MIAMI FL</b>	
CITY - ST - ZIP		
TITLE	<b>D GLICKSTEIN, GARY (RABBI)</b>	<input type="checkbox"/>
NAME	<b>4144 CHASE AVE</b>	
STREET ADDRESS	<b>MIAMI BEACH FL</b>	
CITY - ST - ZIP		
TITLE	<b>D MARLIN, PENNY</b>	<input type="checkbox"/>
NAME	<b>4200 BISCAYNE BLVD</b>	
STREET ADDRESS	<b>MIAMI FL</b>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D JACOB SOLOMON</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>4200 BISCAYNE BLVD</b>		
1.3 STREET ADDRESS	<b>MIAMI, FL 33137</b>		
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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]* DATE: **3/14/96** DAYTIME PHONE #: **576-4000**  
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)