

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44290** (7)

1. Corporation Name

JOSEPH H. WALDHORN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**4200 BISCAYNE BLVD.
MIAMI FL 33137**

**4200 BISCAYNE BLVD.
MIAMI FL 33137**



3. Date Incorporated or Qualified

07/15/1991

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**

7. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, HARRY B.	
STREET ADDRESS	701 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SEGAL, MIKE	
STREET ADDRESS	175 N.W. 1ST AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GLICKSTEIN, GARY (RABBI)	
STREET ADDRESS	4144 CHASE AVE	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARIN, PENNY	
STREET ADDRESS	4200 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLOMON, JACOB	
STREET ADDRESS	4200 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN E. ROSE	
1.3 STREET ADDRESS	4200 BISCAYNE BLVD.	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

0029153

CR2E037 (10/97)