FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N44290

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**

FILED Apr 02, 1999 8:00 am Secretary of State

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\vdash	Principal Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 07/15/1991				
21	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			4. FEI Number 65-0284541		Applied For Not Applicable		
23	City & State	28	City & State		. پيه مه ند پ	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
24	Zip Country	Country Zip Co		untry		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
	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					Name Street Addres	ddress (P.O. Box Number is Not Acceptable)				
ļ	' .			84	City		. 1	85 Zip Code		

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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: Re	gistered Agent signature re	quired when reinstating)		DATE								
	OFFICERS AND DIRECTORS	■ 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
12.		1.1 TITLE				Change	Addition						
TITLE	U			•									
NAME	SMITH, HARRY B.	1.2 NAME											
STREET ADDRESS	701 BRICKELL AVE	1.3 STREET ADDRESS											
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP			·								
TITLE	D DELETE	2.1 TITLE				Change	☐ Addition						
NAME	SEGAL, MIKE	2.2 NAME				,							
STREET ADDRESS	175 N.W. 1ST AVE	2.3 STREET ADDRESS				•							
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP											
TITLE	D DELETE	3.1 TITLE	ro u morresoner	- ج. ج.	, .	☐ Change	Addition						
NAME	GLICKSTEIN, GARY (RABBI)	3.2 NAME		•									
STREET ADDRESS	4144 CHASE AVE	3.3 STREET ADDRESS			•	* *							
CITY-ST-ZIP	MIAMI BEACH FL	3.4. CITY-ST-ZIP											
TITLE	DS DELETE	4.1 TITLE				Change	Addition						
NAME	STEPHEN E ROSE	4. 2 NAME											
STREET ADDRESS	4200 BISCAYNE BLVD	4.3 STREET ADDRESS											
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP					[Addition						
TITLE	D DELETE	5.1 TITLE			-	☐ Change	Addition						
NAME	SOLOMON, JACOB	5.2 NAME											
STREET ADDRESS	4200 BISCAYNE BLVD	5.3 STREET ADDRESS											
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP			<u> </u>	<u> </u>							
TITLE	☐ DELETE	6.1 TITLE	•	•	· · · · ·	☐ Change	☐ Addition						
NAME		6.2 NAME											
STREET ADDRESS	,	6.3 STREET ADDRESS	=										
CITY-ST-ZIP		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 suppliemental 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 of 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 with all other like empowered.

SIGNATURE: