CORP ANNUA	IPROFIT ORATION AL REPORT 998	Sandra E Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	FIL Feb 12 199 Secretary	98 8:00an
Principal Place of	ISHIE AND SHOSHANA F	OOOOO884 (8) RIEDMAN FOUNDATIO			
6039 COLLINS AVI Miami Beach Fl		6039 COLLINS AVE., APT 6 Miami Beach fl 33140	S25	3. Date Incorporated or Qualified 12/21/1992 4. FEI Number 05.0020100	Applied For
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	Not Applicabl \$8.75 Additional
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		 Is this nonprofit corporation a homeon Yes 	
Zip 24	Country 25 9. Name and Address of Curren	Zip 29	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Registe 	e current year Intangible
	INS AVE CH FL 33140	2 and 617.1508, Florida Statut of Florida, Such change was a tions of Section 617.0503. Flo	83 84 City		FL 85 Zip Code se of changing its registered
6039 COLL APT #825 MIAMI BEA 11. Pursuant to office or reg agent. I am SIGNATURE	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obliga mature, typed or printed name of registered age	nt and tille It applicable. (NOT	82 Street Add 83 84 City 199 199 199 199 199 199 199 19	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ulred when reinstating) DA	EL se of changing its registered appointment as registered
6039 COLL APT #625 MIAMI BEA 11. Pursuant to office or reg agent. I am SIGNATURE 12.	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obliga	nt and tille It applicable. (NOT	82 Street Add 83 84 City es, the above-named cor authorized by the corpora orida Statutes.	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	EL Se of changing its registered appointment as registered
6039 COLL APT #625 MIANI BEA 11. Pursuant to office or reg agent. I am SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obligation pature, typed or printed name of registered age OFFICERS ANI PD FRIEDMAN, SOL 6039 COLLINS AVE APT #625	nt and vile it applicable (NOT D DIRECTORS	82 Street Add 83 84 City es, the above-named cor authorized by the corpora orida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ulred when reinstating) DA	EL Se of changing its registered appointment as registered
6039 COLL APT #825 MAMI BEA 11. Pursuant to office or reg agent. I am SIGNATURE 12. TIFLE NAME STREET ADDRESS CITY-ST-2IP TIFLE NAME STREET ADDRESS	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obliga pature, typed or printed name of registered ago OFFICERS ANI PD FRIEDMAN, SOL 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 SD FRIEDMAN, SUSAN 6039 COLLINS AVE APT #625	nt and tile if applicable (NOT D DIRECTORS DELETE DELETE DELETE	B2 Street Add B3 B4 City B3 B4 City tes, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ulred when reinstating) DA	Se of changing its registered appointment as registered TE AND DIRECTORS IN 12
6039 COLL APT #825 MAMI BEA 11. Pursuant to office or reg agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obligation of FICERS ANI PD FRIEDMAN, SOL 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 SD FRIEDMAN, SUSAN	nt and tile if applicable (NOT D DIRECTORS DELETE DELETE DELETE	82 Street Add 83 84 City 83 84 City tes, the above-named cor authorized by the corpora orida Statutes. 13 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ulred when reinstating) DA	Changing its registered appointment as registered AND DIRECTORS IN 12 Change Additio
6039 COLL APT #825 MIAMI BEA 11. Pursuant to office or reg agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obligs nature, typed or printed name of registered age OFFICERS ANI PD FRIEDMAN, SOL 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 SD FRIEDMAN, SUSAN 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 TD ZYSKIND, PHYLLIS 10 BAKER LANE	nt and tile if applicable (NOT D DIRECTORS []] DELETE	82 Street Add 83 84 City 84 City Street Add 84 City Street Add 84 City Street Add 85 Street Add Street Add 86 City Street Add 87 Street Address Street Address 1.1 Street Address Street Address 1.3 Street Address Street Address 1.4 City-St-ZiP Street Address 2.1 Street Address Street Address 2.3 Street Address Street Address 2.4 City-St-ZiP Street Address 3.1 Street Address Street Address 3.3 Street Address Street Address	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ulred when reinstating) DA	Change Additio Change Additio
6039 COLL APT #825 MIAMI BEA 11. Pursuant to office or reg agent. I am SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obligs pature, typed or printed name of registered ago OFFICERS AND PD FRIEDMAN, SOL 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 SD FRIEDMAN, SUSAN 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 TD ZYSKIND, PHYLLIS	nt and tile if applicable (NOT D DIRECTORS []] DELETE	82 Street Add 83 84 City 84 City Street Add 84 City Street Add 84 City Street Add 85 Street Add Street Add 86 Street Signature required Street Address 1.1 Street Address Street Address 1.4 Street Address Street Address 1.4 Street Address Street Address 2.3 Street Address Street Address 2.4 Street Address Street Address 3.3 Street Address Street Address 3.4 City - S1 - ZiP Street Address 3.4 Street Address Street Address 3.4 Street Address Street Address 3.4 Street Address Street Address Street Address Street Address Stres	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ulred when reinstating) DA	Change Additio Change Additio Change Additio
6039 COLL APT #825 MIAMI BEA 11. Pursuant to office or reg agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obligs nature, typed or printed name of registered age OFFICERS ANI PD FRIEDMAN, SOL 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 SD FRIEDMAN, SUSAN 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 TD ZYSKIND, PHYLLIS 10 BAKER LANE	nt and Mie II applicable (NOT D DIRECTORS DELETE DELETE DELETE DELETE DELETE	82 Street Add 83 84 City 84 City City authorized by the corporation of the above-named correlation of the corporation of the above determined at the above det	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ulred when reinstating) DA	FL
6039 COLL APT #825 MIAMI BEA 11. Pursuant to office or reg agent. I am SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	INS AVE CH FL 33140 the provisions of Sections 617.050 Istered agent, or both, in the State familiar with, and accept the obligs nature, typed or printed name of registered age OFFICERS ANI PD FRIEDMAN, SOL 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 SD FRIEDMAN, SUSAN 6039 COLLINS AVE APT #625 MIAMI BEACH FL 33140 TD ZYSKIND, PHYLLIS 10 BAKER LANE	nt and Mie II applicable (NOT D DIRECTORS DELETE	82 Street Add 83 84 City 84 City City es, the above-named corn authorized by the corporation of the corporati	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ulred when reinstating) DA	Change Additio Change Additio Change Additio