

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 # **N94000005092 (1)**

1. Corporation Name

SILVERMAN FAMILY FOUNDATION, INC.



Principal Place of Business: 1320 SOUTH DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146
Mailing Address: 1320 SOUTH DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report: 03/27/1995

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

| | | |
|---|--|--------------------------------|
| 4 | FET Number | Applied For |
| | 65-0526279 | 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BREIER, ROBERT G 1320 SOUTH DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146 | | 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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERMAN, BARRY J | 1.2 NAME | |
| STREET ADDRESS | 1320 SOUTH DIXIE HIGHWAY SUITE 830 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | 1.4 CITY-ST-ZIP | |
| TITLE | DST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERMAN, JUDY | 2.2 NAME | |
| STREET ADDRESS | 1320 SOUTH DIXIE HIGHWAY SUITE 830 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERMAN BIANCO, RONNI | 3.2 NAME | |
| STREET ADDRESS | 1320 SOUTH DIXIE HIGHWAY SUITE 830 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERMAN, LAURIE K | 4.2 NAME | |
| STREET ADDRESS | 1320 SOUTH DIXIE HIGHWAY SUITE 830 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | 4.4 CITY-ST-ZIP | |
| TITLE | Vice Chairman <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Alvin Silverman | 5.2 NAME | |
| STREET ADDRESS | 1320 South Dixie Highway Ste. 830 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Coral Gables, FL 33146 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Judy Silverman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDY SILVERMAN

4-16-96 (305) 932-3993
Date Daytime Phone #

CR2E037 (12/95)