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Apr 02 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 # **N94000005092 (1)**

1. Corporation Name

SILVERMAN FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1320 SOUTH DIXIE HIGHWAY SUITE 830
CORAL GABLES FL 33146**

**1320 SOUTH DIXIE HIGHWAY SUITE 830
CORAL GABLES FL 33146**



3. Date Incorporated or Qualified

10/14/1994

4. FEI Number

65-0526279

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2800 Ponce De Leon Blvd.

26 2800 Ponce De Leon Blvd.

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?



Yes



No

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



Yes



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

Robert G. Breier, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

2800 Ponce De Leon Boulevard

83

Suite 1125

84 City

Coral Gables

FL

85 Zip Code

33134

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/20/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	SILVERMAN, BARRY J	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830	
CITY-ST-ZIP	CORAL GABLES FL	

1.1 TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Silverman, Barry J.	
1.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SILVERMAN, JUDY	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830	
CITY-ST-ZIP	CORAL GABLES FL	

2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Silverman, Judy	
2.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SILVERMAN BIANCO, RONNI	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830	
CITY-ST-ZIP	CORAL GABLES FL	

3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Silverman Bianco, Ronni	
3.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SILVERMAN, LAURIE K	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830	
CITY-ST-ZIP	CORAL GABLES FL	

4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Silverman, Laurie K.	
4.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/98

Date

305/705-0026

Daytime Phone #

CR2E037 (10/97)