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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

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
4. FEI Number: 65-0526279
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

2. Principal Place of Business: 21 2800 Ponce De Leon Blvd., Suite 1125, Coral Gables, Florida, 33134, USA
2a. Mailing Address: 26 2800 Ponce De Leon Blvd., Suite 1125, Coral Gables, Florida, 33134, USA

9. Name and Address of Current Registered Agent
BREIER, ROBERT G
1320 SOUTH DIXIE HIGHWAY SUITE 830
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name: Robert G. Breier, Esq.
82 Street Address: 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] DATE: 3/20/98

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	SILVERMAN, BARRY J	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SILVERMAN, JUDY	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SILVERMAN BIANCO, RONNI	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SILVERMAN, LAURIE K	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 830	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
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	
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	
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	
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] DATE: 3/25/98 305/705-0026

CR2E037 (10/97)