

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006097 (9)

1. Corporation Name

THE SEQUOIA FOUNDATION FOR ACHIEVEMENT IN THE ARTS AND EDUCATION, INC.



Principal Place of Business

Mailing Address

C/O MARSHALL R. BURACK, ESO.
~~801 BRICKELL AVENUE 24TH FLOOR~~
MIAMI FL 33131

C/O MARSHALL R. BURACK, ESO.
~~801 BRICKELL AVENUE 24TH FLOOR~~
MIAMI FL 33131

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 One Southeast 3rd Avenue

26 One Southeast 3rd Avenue

4. FEI Number
65-0541856

Applied For
Not Applicable

22 Suite, Apt. #, etc.
28th Floor

27 Suite, Apt. #, etc.
28th Floor

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Miami, Florida

28 City & State
Miami, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33131

25 Country
U.S.A.

29 Zip
33131

30 Country
U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURACK, MARSHALL R
~~801 BRICKELL AVE., 24TH FLOOR~~
~~MIAMI FL 33131~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
One Southeast 3rd Avenue

83 28th Floor

84 City
Miami

FL

85 Zip Code
33131

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME NEUMAN, JEFFREY L
STREET ADDRESS C/O 801 BRICKELL AVE., 24TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS C/O One Southeast 3rd Avenue
1.4 CITY-ST-ZIP Miami, FL 33131

TITLE D ☐ DELETE
NAME LEONARDS, H.H.
STREET ADDRESS C/O 801 BRICKELL AVE., 24TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS C/O One Southeast 3rd Avenue
2.4 CITY-ST-ZIP Miami, FL 33131

TITLE D ☐ DELETE
NAME VINEIS, MARK
STREET ADDRESS C/O 801 BRICKELL AVE., 24TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS C/O One Southeast 3rd Avenue
3.4 CITY-ST-ZIP Miami, FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)