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Apr 10 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 # **N94000006314 (8)**

1. Corporation Name

NORMAN AND IRMA BRAMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**ONE S.E. 3RD AVE.
SUITE 2130
MIAMI FL 33131**

**ONE S.E. 3RD AVE.
SUITE 2130
MIAMI FL 33131**

2. Principal Place of Business

21 2060 Biscayne Blvd.

Suite, Apt. #, etc.

22 Second Floor

City & State

23 Miami, Florida 33137

Zip

24 33137

Country

25 USA

2a. Mailing Address

26 2060 Biscayne Blvd.

Suite, Apt. #, etc.

27 Second Floor

City & State

28 Miami, Florida 33137

Zip

29 33137

Country

30 USA

9. Name and Address of Current Registered Agent

**KRIEGER, STANLEY J
ONE S.E. 3RD AVE.
SUITE 2130
MIAMI FL 33131**

3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

65-0542566

Applied For

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

Stanley J. Krieger

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

2060 Biscayne Boulevard

83.

Second Floor

84. City

Miami,

FL

85. Zip Code

33137

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

TITLE **D** ☐ DELETE

NAME **BRAMAN, NORMAN**
STREET ADDRESS **1 INDIAN CREEK ISLAND**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **BRAMAN, IRMA**
STREET ADDRESS **1 INDIAN CREEK ISLAND**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **LUSTGARTEN, SUSAN B**
STREET ADDRESS **418 HIDDEN RIVER RD.**
CITY-ST-ZIP **PENN VALLEY PA 19072**

TITLE **D** ☐ DELETE

NAME **SHACK, DEBRA B**
STREET ADDRESS **4777 PINETREE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Norman Braman

4/2/98

CR2E037 (10/97)