SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # N95000000378 (8)

1. Corporation Name
HERITAGE FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
2450 NE MIAMI GARDENS DRIVE NO. MIAMI BEACH FL 33180	2450 NE MIAMI GARDENS DRIVE NO. MIAMI BEACH FL 33180

3. Date Incorporated or Qualified: 01/25/1995
4. FEI Number: 58-2164446 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4700-B Sheridan St.	26 4700-B Sheridan St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Hollywood, FL	28 Hollywood, FL
24 Zip 33021 25 Country USA	29 Zip 33021 30 Country USA

9. Name and Address of Current Registered Agent

ZEMEL, MORTON B
2450 NE MIAMI GARDENS DRIVE
NO. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name: Zemel, Morton B.
82 Street Address (P.O. Box Number is Not Acceptable): 4700-B Sheridan St.
83
84 City: Hollywood FL 85 Zip Code: 33021

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: Morton B. Zemel MORTON B. ZEMEL MD FACC 7/31/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHVARTSMAN, VLADIMIRE 2020 AVENUE O, APT. F4 BROOKLYN NY 11210 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Shvartzman, Vladimire 2020 Avenue O, Apt. F4 Brooklyn, NY 11210 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KHAZIN, SAMULL 1812 EAST 18TH STREET APT. 6A BROOKLYN NY 11229 ☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President, Director Bilus, Israel 920 E. 17 St. Brooklyn, NY 11230 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SHENKERMAN, IRA 1781 EAST 17TH STREET BROOKLYN NY 11229 ☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary, Director Desser, Abraham 1675 E. 21 St. Apt. 2A Brooklyn, NY 11230 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President Bilus~~ ~~920 E. 17 ST~~ ~~Brooklyn, N.Y. 11230~~ ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Abraham Desser~~ ~~1675 E 21 ST. Apt. 2A~~ ~~Brooklyn, N.Y. 11210~~ ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/98)

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: Abram Desser 7/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #