FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # N9500001070 (0) 1. Corporation Name

BUCHHOLZ FAMILY FOUNDATION INC.

Principal Place of Business Mailing Address					4 IMBILIAN BAN ANSAN NAISA MATAT ANTIL ANTIL A	REST ORIGINAL SINDI SOLET EN	/3 IV 8 8 IV 1 9 8 I
2 ALHAMBRA I SUITE 611 CORAL GABLE		2 ALHAMBRA PLAZA SUITE 611 CORAL GABLES FL 33134					
CORAL GABLE	5 FL 33134			3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1995			
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number > 65-0640049	Applied For Not Applicable		
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State		Orty & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 9. Name and Address of Current Registered Agent		30		Florida Statutes		
	9. Name and Address of Corre	it negistered Agent	81	Name	10. Hame and Address of New Yorks	orod rigoni	
WALKER	H. WILLIAM JR.		-	C) b d al al	/D.O. Day Number in Not Apportable)		
200 S. BISCAYNE BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 49			83				
MIAMI FL 33131			84	City		85 Zip	Code
				,		FL	
11. Pursuant t	o the provisions of Sections 617,050	2 and 617.1508, Florida Statut	tes, the above-	named corpor	ration submits this statement for the purpose and of directors. Thereby accept the appointm	of changing its re	gistered office agent. I am
familiar wit	h, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	S.	0.00010000	and of direction of the distriction of the district	and the second	
SIGNATURE _	Signature, typed or printed name of registered awar	and the state of t	OTE: Registered Ager		of whose a deal-street	DATE	
12.		ID DIRECTORS	13.	it sigir ainii di telquire	ADDITIONS/CHANGES TO DEFICE B		RS IN 12
THILE	D	DELETE	1.1 TILLE			[] Change	Addition
NAME	BUCHHOLZ, EARL JR.		1.2 NAME				
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE	611	1.3 STREET	ADDRESS			
CITY-S1-ZIP	CORAL GABLES FL 33134		1.4 CITY - S	T - Z IP			
TITLE	D	DELETE	2 1 TITLE			[☐ Change	☐ Addition
NAME	BUCHHOLZ, CLIFFORD M		2 2 NAME				
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE	611	2 3 STREET				
CHTY-ST-ZIP	CORAL GABLES FL 33134	Floritt	2 4 CITY-	ST-ZIP		[7] Channa	- Addition
TITLE	D DUCULOLZ FADE III	□ DELETE	3 1 TITLE			[] Change	Addition
NAME	BUCHHOLZ, EARL III 2 ALHAMBRA PLAZA, SUITE	£11	3.2 NAME	ADDRESS			
STREET ADDRESS	CORAL GABLES FL 33134	011	3.3 STREET	1			
CITY-ST-ZIP TITLE	COINE ONDEED IE 00104	DELETE	3 4. CHY- 4 1 TITLE	017415		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	ST - ZIP			
TITLE		DELFTE	511111			Change	Addition
NAME			5.2 NAME				
STREFT ADDRESS			5.3 STREET				
CHTY - ST - ZIP		Pariete	5 4 C/"Y-5	ST-ZIP		I Obanac	Addition
TITLE	DELETE		6 1 TITLE			☐ Change	☐ WOOMING
NAME			62 NAME	r Abbarce			
STREET ADDRESS			63 STREE				
CITY-ST-ZIP	w certify that the information supplied	with this filing is voluntarily fur-	6.4 Cliy - 1 mished and doe	s not qualify	for the exemption stated in Section 119.07(3)	(k), Florida Statute	es. I further
certify that oath; that appears in	the information indicated on this and I am an officer or director of the corp Block 12 or Block 13 if changed, or	nual report or supplemental and loration or the receiver or truste	nual report is tr ee impowered	ue and accur to execute th	ate and that my signature shall have the sami his report as required by Chapter 617, Florida	e legal effect as if Statutes; and tha	made under t my name
SIGNAT	URE: SIGNATURE AND TYPED O	OR PRINTED NAME OF SIGNING OFFIC	EN OR DRECTOR	/	Date	Caytime Phone #	