FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

- Acceptance

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

PERL, RUTH

4340 N BAY RD

MIAMI BEACH FL 33140



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # N95000002254 (9)

THE BABY BROCHA FUND, INC.

4557 N JEFFERSON AVE 4557 N JEFFERSON AVE 3. Date Incorporated or Qualified MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 05/08/1995 4. FEI Number Applied For 65-0592845 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 🗖 Yes 🗌 No 23 2,4 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MANASTER, JOSHUA D Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE 83 8TH FLOOR **MIAMI FL 33131** Zip Code 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 reinstaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE Addition DUCHMAN, ESTI NAME 1.2 NAME 4557 N JEFFERSON AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE NAME FELLIG, FAIGE 2.2 NAME STREET ADDRESS 3600 PINE TREE DR 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 2. 4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

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: X

DELETÉ

DELETE

DELETE

DELETE

WELESTI OUCHMAN Y 1/25-1998 Y 532-3216

☐ Change

Change

Change

Change

Addition

__ Addition

☐ Addition

Addition

FILED

Feb 05 1998 8:00am

Secretary of State