

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 # N95000004861 (9)

1. Corporation Name

BARBARA C. ALTMAN CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**9100 SO. DADELAND BLVD. STE 1707
MIAMI FL 33156-7819**

**9100 SO. DADELAND BLVD. STE 1707
MIAMI FL 33156-7819**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0619058		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TESCHER, DONALD R 9100 SO. DADELAND BLVD. STE 1707 MIAMI FL 33156-7819				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, BARBARA C	12 NAME	
STREET ADDRESS	100 LINCOLN ROAD APT. 840	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESCHER, DONALD R	22 NAME	
STREET ADDRESS	9100 SO. DADELAND BLVD. STE 1707	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156-7819	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES, ROBERT A	32 NAME	
STREET ADDRESS	9100 SO. DADELAND BLVD. STE 1707	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156-7819	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	MULLER, CHARLES E.
STREET ADDRESS		43 STREET ADDRESS	9100 So. Dadeland Blvd., Ste. 1707
CITY - ST - ZIP		44 CITY - ST - ZIP	Miami, FL 33156-7819
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: **Robert A. Chaves**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

(305) 670-0444

Date

Daytime Phone #

CR2E037 (12/95)