

**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 # N95000005601 (8)**

1. Corporation Name

**ROSEN FAMILY FOUNDATION, INC.**



Principal Place of Business

Mailing Address

177 OCEAN LANE DRIVE STE 1101  
KEY BISCAYNE FL 33149

177 OCEAN LANE DRIVE STE 1101  
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified  
**11/26/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUBIN, CHARLES D  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE

NAME **ROSEN, EDITH H**  
STREET ADDRESS **177 OCEAN LANE DRIVE STE 1101**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

1.1 TITLE  Change  Addition

TITLE **D**  DELETE

NAME **HADAR, MARGERY R**  
STREET ADDRESS **190 E. 72ND STREET**  
CITY-ST-ZIP **NEW YORK NY 10021**

2.1 TITLE  Change  Addition

TITLE **D**  DELETE

NAME **SIMONS, VICTORIA R**  
STREET ADDRESS **600 GRAPETREE DRIVE**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

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: *Edith H. Rosen* (EDITH H. ROSEN) Jan 16 '96 305-670-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)