2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N95000005934

Entity Name: MARCY MILLER LEWIS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0630525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
4200 BISCAYNE BLVD.
MIAMI, FL 33137

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SOLOMON, JACOB
Address: 4200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: DS ( ) Delete
Name: EISENBERG, HERBERT
Address: 4200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: CYPEN, STEPHEN H
Address: 825 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD ( ) Delete
Name: LEWIS, MARCY M
Address: 11111 BISCAYNE BLVD., PH-52
City-St-Zip: NORTH MIAMI, FL 33161

Title: VD ( ) Delete
Name: MILLER, BESS
Address: 10021 E. BROADVIEW DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D ( ) Delete
Name: LANDE, STEPHEN C
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT EISENBERG DS 04/29/2004

Electronic Signature of Signing Officer or Director — Date