

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001310**

1. Corporation Name

**KENNETH A. LATTMAN FOUNDATION, INC.**

Principal Place of Business

C/O F ABRAMSON  
721 BILTMORE WAY, #302  
CORAL GABLES FL 33134-7524  
US

Mailing Address

1 SOUTHEAST THIRD AVENUE  
28TH FLOOR  
MIAMI FL 33131

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90245 038 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date incorporated or Qualified

03/08/1996

4. FEI Number

31-1466884

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RAATTAMA, HENRY H JR  
1 SOUTHEAST THIRD AVENUE  
28TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME LATTMAN, ALEX S  
STREET ADDRESS 230 174TH STREET  
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE D ☐ DELETE

NAME LATTMAN, NORMA  
STREET ADDRESS 230 174TH STREET  
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE D ☐ DELETE

NAME ABRAMSON, ELLIOTT  
STREET ADDRESS 721 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME ABRAMSON-ROCHELLE, SHELLEY  
STREET ADDRESS 721 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME ABRAMSON, JEROME  
STREET ADDRESS 721 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME LYONS, MONICA  
STREET ADDRESS 9 BOULDER CREEK CIRCLE  
CITY-ST-ZIP MADISON WS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE *Elliott Abramson* RECEIVED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/22/99 (305) 445-6007  
Daytime Phone #

0029589

CR2E037 (11/98)