

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004012 (8)**
1. Corporation Name

ADLER FAMILY SUPPORTING FOUNDATION, INC.



Principal Place of Business 4200 BISCAYNE BLVD. MIAMI FL 33137	Mailing Address 4200 BISCAYNE BLVD. MIAMI FL 33137-3210
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3. Date Incorporated or Qualified 07/15/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0688643	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		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	
ROSE, STEPHEN E 4200 BISCAYNE BLVD. MIAMI FL 33137		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMON, JACOB	1.2 NAME	SARA ADLER
STREET ADDRESS	4200 BISCAYNE BLVD.	1.3 STREET ADDRESS	590 LAKEVIEW DR.
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, STEPHEN E	2.2 NAME	MICHAEL M. ADLER
STREET ADDRESS	4200 BISCAYNE BLVD.	2.3 STREET ADDRESS	8901 SW 108 ST
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODHURST, AARON	3.2 NAME	KAREN ADLER GREENWALD
STREET ADDRESS	25 WEST FLAGLER STREET, SUITE 800	3.3 STREET ADDRESS	115 CENTRAL PARK W, APT 6-B
CITY-ST-ZIP	MIAMI FL 33130	3.4 CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREN, NEDRA	4.2 NAME	
STREET ADDRESS	3526 BAYSHORE VILLAGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	5.2 NAME	
STREET ADDRESS	4200 BISCAYNE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, BERNYCE	6.2 NAME	
STREET ADDRESS	3 GROVE ISLE DRIVE, APT. 1205/7	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	6.4 CITY-ST-ZIP	

14. I do 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: *Stephen E. Rose* 3/31/97

CR2E037 (9/96)