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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006088 (6)
1. Corporation Name
THE SOLOMON FAMILY FOUNDATION, INC.



Principal Place of Business: 2665 SOUTH BAYSHORE DRIVE #906 COCONUT GROVE FL 33133
Mailing Address: 2665 SOUTH BAYSHORE DRIVE #906 COCONUT GROVE FL 33133-5401

3. Date Incorporated or Qualified: 12/02/1996
3a. Date of Last Report

2. Principal Place of Business: 2665 South Bayshore Drive, Ste 906, Coconut Grove, FL 33133
2a. Mailing Address: 2665 South Bayshore Drive, Ste 906, Coconut Grove, FL 33133
23. City & State: Coconut Grove, FL
24. Zip: 33133
25. County: Dade
26. Country: USA

4. FEI Number: 65-0717960
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
628 EAST PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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			
TITLE	PRESIDENT + TREASURER	<input type="checkbox"/> DELETE	
NAME	MARTIN L. SOLOMON	<input checked="" type="checkbox"/> SEC'y.	
STREET ADDRESS	PO Box 70		
CITY-ST-ZIP	COCONUT GROVE FL 33233	N/A	
TITLE	Vice President	<input type="checkbox"/> DELETE	
NAME	SARA SOLOMON		
STREET ADDRESS	PO Box 70		
CITY-ST-ZIP	COCONUT GROVE, FL 33233	N/A	
TITLE	Vice President	<input type="checkbox"/> DELETE	
NAME	SEBASTIAN D. SOLOMON		
STREET ADDRESS	PO Box 70		
CITY-ST-ZIP	COCONUT GROVE, FL 33233	N/A	
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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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, changed, or on an attachment with an address.

CR2E037 (9/96)

4/3/97

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