

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006088 (6)**  
 1. Corporation Name  
**THE SOLOMON FAMILY FOUNDATION, INC.**



Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE STE 906 COCONUT GROVE FL 33133</b>	Mailing Address <b>2665 SOUTH BAYSHORE DRIVE STE 906 COCONUT GROVE FL 33133</b>
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3. Date Incorporated or Qualified <b>12/02/1996</b>
4. FEI Number <b>65-0717960</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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: *Martin L. Solomon* DATE: **2/27/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>DPTS</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLOMON, MARTIN L.</b>	
STREET ADDRESS	<b>PO BOX 70</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33233</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLOMON, SARA</b>	
STREET ADDRESS	<b>PO BOX 70</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33233</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLOMON, SEBASTIAN D.</b>	
STREET ADDRESS	<b>PO BOX 70</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33233</b>	
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>PO BOX 70 N/A</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>PO BOX 70 N/A</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>PO BOX 70 N/A</b>
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	

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.

SIGNATURE: *Martin L. Solomon* DATE: **2/27/98**

CR2E037 (10/97)