

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90123 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006088**

1. Corporation Name  
**THE SOLOMON FAMILY FOUNDATION, INC.**

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE STE 906 COCONUT GROVE FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE STE 906 COCONUT GROVE FL 33133
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/02/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0717960
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301		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	DPTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, MARTIN L.	1.2 NAME	
STREET ADDRESS	P.O. BOX 70 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33233	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, SARA	2.2 NAME	
STREET ADDRESS	P.O. BOX 70 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33233	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, SEBASTIAN D.	3.2 NAME	
STREET ADDRESS	P.O. BOX 70 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33233	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Martin L. Solomon **REQUIRED** 4/19/99 305-856-3103  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)