


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

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

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

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 |
|---|---|



| | | |
|--------------------------------------|---------------------------|---|
| 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 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> |
| | | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| | | \$5.00 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 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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** Date: 4/19/99 Daytime Phone #: 305-856-3103

CR2E037 (1/98)