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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006117 (3)

1. Corporation Name

CITA FOUNDATION, INC.

Principal Place of Business

Mailing Address

ONE PENN PLAZA #4307
NEW YORK NY 10119-4300

ONE PENN PLAZA #4307
NEW YORK NY 10119-4300

2. Principal Place of Business

21 1580 LEMOINE AVE

2a. Mailing Address

26 1580 LEMOINE AVE

Suite, Apt. #, etc.

22 Suite 8

Suite, Apt. #, etc.

27 Suite # 8

City & State

23 FORT LEE NJ 07024

City & State

28 FORT LEE NJ

Zip

24 07024

Country

25 USA

Zip

29 07024

Country

30 USA

9. Name and Address of Current Registered Agent

SOLOMON, STANFORD R
SOLOMON & BENEDICT, P.A.
400 NORTH ASHLEY DRIVE #3000
TAMPA FL 33602

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

13-9398089

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

JERRY D'AMBROSIO

82 Street Address (P.O. Box Number is Not Acceptable)

PO DIRAN KALOUSTIAN

83

4605 South Ocean Blvd

84 City

MIAMI BEACH

FL

85 Zip Code

33487

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 attest the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE GERALD D'AMBROSIO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D WALD, LAURENCE CPA
64 RICHFIELD STREET
PLAINVIEW NY 11803

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D YERUSHALMI, DAVID
35 JABATINSKI STREET TWIN TOWERS #2
RAMAT GAN, ISRAEL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GERSHONY, JACOB
NO. 3 HAAGAS STREET
CAESAREA 30800 ISRAEL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

D DIRAN KALOUSTIAN
4605 South Ocean Blvd
MIAMI BEACH 33487

☐ Change ☒ Addition

D PAUL CUSADONTE MD
36A E. 31st ST STE 100
NEW YORK N.Y. 10016

☐ Change ☒ Addition

D GERALD D'AMBROSIO
670 SW 7th ST
Boca Raton FL 33486

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

[Signature]

4/1/98 561-

CR2E037 (10/97)