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May 01 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 # N96000006254 (4)

1. Corporation Name

THE STEVAN AND MARILYN SIMON FAMILY FOUNDATION,
INC.

Principal Place of Business

4200 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

4200 BISCAYNE BLVD.
MIAMI FL 33137-3210



3. Date Incorporated or Qualified
12/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-6233546

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

ROSE, STEPHEN E
4200 BISCAYNE BLVD.
MIAMI FL 33137

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 617.1508, 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

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 D ☐ DELETE
NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ DELETE
NAME ROSE, STEPHEN E
STREET ADDRESS 4200 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ DELETE
NAME PERTNOY, SIDNEY
STREET ADDRESS 13003 SW 104 CT.
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE
NAME LEUCHTER, BEN Z
STREET ADDRESS 251 CRANDON BLVD., #900
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ DELETE
NAME SIMON, GLENDA
STREET ADDRESS 9230 SW 99 STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE
NAME SIMON, CAROL
STREET ADDRESS 13220 SW 95 AVE.
CITY-ST-ZIP MIAMI FL 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME DIANE GOLDSTEIN
1.3 STREET ADDRESS 423 S. CRESCENT DR.
1.4 CITY-ST-ZIP BEVERLY HILLS, CA 90212

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date Devtime Phone #

CR2E037 (9/96)