

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90004 020 ****61.25

DOCUMENT # N98000004733

1. Corporation Name

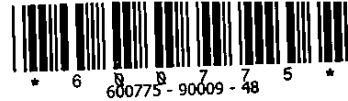
LUBIN'S FOUNDATION, INC.

Principal Place of Business

7825 NE 2ND AVE
MIAMI FL 33138

Mailing Address

7825 NE 2ND AVE
MIAMI FL 33138



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/17/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For
☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUBIN, MICHEL
7825 NE 2ND AVE
MIAMI FL 33138

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LUBIN, MICHEL
STREET ADDRESS 7825 NE 2ND AVE
CITY-ST-ZIP MIAMI FL 33138 ☐ DELETE

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

TITLE VD
NAME MOMPRIER, JACQUES
STREET ADDRESS 12595 NE 7TH AVE N
CITY-ST-ZIP MIAMI FL 33161 ☐ DELETE

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

TITLE VD
NAME MARCELLUS, HENRI C
STREET ADDRESS 133 NW 45TH TERR
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ DELETE

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

TITLE TD
NAME ST. PREUX, ESTHER
STREET ADDRESS 2631 NE 211 TERR
CITY-ST-ZIP MIAMI FL 33180 ☐ DELETE

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

TITLE SD
NAME BIAMBY, ROGER E
STREET ADDRESS 775 NE 79TH ST #E
CITY-ST-ZIP MIAMI FL 33138 ☒ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **SD ELISEE SAINT PREUX**
5.3 STREET ADDRESS **111 ONE 163rd Street Suite 7**
5.4 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33168**

TITLE S
NAME JOSEPH, MARC-ANTOINE
STREET ADDRESS 12429 W DIXIE HWY.
CITY-ST-ZIP MIAMI FL 33161 ☐ DELETE

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MICHEL LUBIN,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

7/26/1999 305-758-0398
Date Daytime Phone #

CR2E037 (5/99)