


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**  
 07-30-2004 90009 050 \*\*\*\*75.00

**DOCUMENT # 749874**  
 1. Entity Name  
**KTW FOUNDATION LTD., INC.**



Principal Place of Business      Mailing Address  
**3475 PRAIRIE AVENUE**      **3475 PRAIRIE AVENUE**  
**MIAMI BEACH FL 33140**      **MIAMI BEACH FL 33140**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1950712**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



MOORE      CR2E037 (4/04)

**6. Name and Address of Current Registered Agent**  
**EDELSTEIN, EMANUEL**  
**3475 PRAIRIE AVENUE**  
**MIAMI BEACH FL 33140**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDELSTEIN, EMANUEL	
STREET ADDRESS	3475 PRAIRIE AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KASIERER, IGNACIO	
STREET ADDRESS	147 BELGIELEI	
CITY-ST-ZIP	ANTWERPEN, BELGIUM	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EDELSTEIN, KLARA	
STREET ADDRESS	3475 PRAIRIE AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEST, SOL	
STREET ADDRESS	5150 OVERLAND AVE	
CITY-ST-ZIP	CULVER CITY CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, HENRICH	
STREET ADDRESS	23 OVERLEA RD.	
CITY-ST-ZIP	LONDON, ENG., E5 9BG	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *E. Edelstein*      **E. EDELSTEIN**      *7/28/04*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #