

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17, 1999 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

02-17-1999 90057 005 *****75.00

DOCUMENT # 749874

1. Corporation Name

KTW FOUNDATION LTD., INC.

Principal Place of Business

**3475 PRAIRIE AVENUE
 MIAMI BEACH FL 33140**

Mailing Address

**3475 PRAIRIE AVENUE
 MIAMI BEACH FL 33140**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/21/1979

22 City & State

27 City & State

4. FEI Number
59-1950712

Applied For
 Not Applicable

23 Zip

28 Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip

29 Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDELSTEIN, EMANUEL
 3475 PRAIRIE AVENUE
 MIAMI BEACH FL 33140**

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** DELETE

NAME **EDELSTEIN, EMANUEL**

STREET ADDRESS **3475 PRAIRIE AVE.**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VD** DELETE

NAME **KASIERER, IGNACIO**

STREET ADDRESS **147 BELGIELEI**

CITY-ST-ZIP **ANTWERPEN, BELGIUM**

TITLE **SD** DELETE

NAME **EDELSTEIN, KLARA**

STREET ADDRESS **3475 PRAIRIE AVE.**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **TD** DELETE

NAME **KEST, SOL**

STREET ADDRESS **5150 OVERLAND AVE**

CITY-ST-ZIP **CULVER CITY CA**

TITLE **D** DELETE

NAME **FELDMAN, HENRICH**

STREET ADDRESS **23 OVERLEA RD.**

CITY-ST-ZIP **LONDON, ENG., E5 9BG**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 *305-539-9190*
 Date Daytime Phone #

CR2E037 (1/98)