FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:46

DOCUMENT # N93000002908 (2)

1. Corporation Name
JOSEPH R. NAROT ENDOWMENT FUND, INC.

Principal Place of Business	Mailing Address
137 NE 19TH ST MIAMI FL 33132	137 NE 19TH ST MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~APPLIED FOR~~ 59-0683270 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROSEN, ARNOLD P
137 NE 19TH ST
MIAMI FL 33132

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ABESS, LEONARD JR	1.2 NAME	
STREET ADDRESS	CITY NATIONAL BANK OF FL PO BOX 025620	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102-5620	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MAYER, BUDD	2.2 NAME	
STREET ADDRESS	1351 98TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOUR ISLANDS FL 33154	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BERMONT, PETER L	3.2 NAME	
STREET ADDRESS	1 SE THIRD AVE 31ST FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	OLSON, SIDNEY	4.2 NAME	
STREET ADDRESS	9999 COLLINS AVE #14-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BERMONT, RONNI W	5.2 NAME	
STREET ADDRESS	7301 SW 48TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	OROVITZ, MICHAEL D	6.2 NAME	
STREET ADDRESS	1311 98TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOUR ISLANDS FL 33154	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in connection with an address.

SIGNATURE: [signature] 2/1/95 305-577-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007103