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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002908

1. Corporation Name

JOSEPH R. NAROT ENDOWMENT FUND, INC.

Principal Place of Business

137 NE 19TH ST
MIAMI FL 33132

Mailing Address

137 NE 19TH ST
MIAMI FL 33132



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/29/1993

4. FEI Number

65-0565251

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROSEN, ARNOLD P
9999 COLLINS AVENUE
18-B
BAL HARBOUR FL 33154

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

4/18/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ABESS, LEONARD JR
STREET ADDRESS CNB OF FLA., P.O. BOX 25620
CITY-ST-ZIP MIAMI FL 33102

TITLE D ☐ DELETE

NAME MAYER, BUDD
STREET ADDRESS 5500 COLLINS AVE. #1601
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ DELETE

NAME BERMONT, PETER L
STREET ADDRESS 7301 CAPILLA COURT
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ DELETE

NAME OLSON, SIDNEY
STREET ADDRESS 9999 COLLINS AVE #14-A
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE P ☒ DELETE

NAME SILVER, MICHAEL A
STREET ADDRESS 1428 BRICKELL AVE., #500
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME OROVITZ, MICHAEL D
STREET ADDRESS 1311 98TH ST
CITY-ST-ZIP BAY HARBOUR ISLANDS FL 33154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Bermont, Peter L
7251 S W 47 Court
Miami, FL 33143

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

Director
Fleeman, David B
420 Lincoln Rd., #435
Miami Beach, FL 33139

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED L BERMONT 4/20/99 305-579-1100

CR2E037 (11/98)