I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: RONNIE MORRIS

Electronic Signature of Signing Officer/Director Detail

### (

City-State-Zip: TEANECK NJ 07666

SIGNATURE:

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	P	Title	S	
Name	MORRIS, RONNIE	Name	KAMINETSKY, BERNARD	
Address	6039 COLLINS AVENUE, #1429	Address	7991 TENNYSON COURT	
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	BOCA RATON FL 33433	
Title	VPT			
Name	KASZOVITZ, SAUL			
Address	388 MAITLAND AVENUE			

# MIAMI BEACH, FL 33140 US

**Current Mailing Address:** 6039 COLLINS AVENUE, #1429

6039 COLLINS AVENUE, #1429 MIAMI BEACH. FL 33140

**Current Principal Place of Business:** 

# MIAMI BEACH. FL 33140

## FEI Number: 26-1624430 Name and Address of Current Registered Agent:

MORRIS, RONNIE DR 6039 COLLINS AVENUE, #1429

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N07000010620

Entity Name: RA MORRIS FAMILY FOUNDATION CORPORATION

FILED Mar 24, 2014 Secretary of State CC4410313474

Certificate of Status Desired: Yes

Date

PRESIDENT

### 03/24/2014

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.

Date