

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004986

**Entity Name:** A MICHAEL FUX FOUNDATION FOR THE BENEFIT OF FLORIDA  
LAW ENFORCEMENT OFFICERS INJURED IN THE LINE OF DUTY, INC.

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC5018212989**

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BOULEVARD  
SUITE 4650  
MIAMI, FL 33131

**Current Mailing Address:**

200 SOUTH BISCAYNE BOULEVARD  
SUITE 4650  
MIAMI, FL 33131

**FEI Number: 26-2681962**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORDERO & ASSOCIATES, PA  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 4650  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FUX, MICHAEL  
Address 200 S. BISCAYNE BLVD SUITE 4650  
City-State-Zip: MIAMI FL 33131

Title VP,S  
Name CORDERO, LUIS A  
Address 200 S. BISCAYNE BLVD SUITE 4650  
City-State-Zip: MIAMI FL 33131

Title VP,T  
Name DE PARRE, BARON  
Address 7365 SW 8TH STREET  
City-State-Zip: MIAMI FL 33144

Title VP  
Name PAPIER, RONALD  
Address 145 SW 25TH ROAD  
City-State-Zip: MIAMI FL 33129

Title VP  
Name GIORDANO, JEFFREY  
Address 1063 NW 133RD COURT  
City-State-Zip: MIAMI FL 33182

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: MICHAEL FUX**

**PRESIDENT**

**04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date