

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000003813

Entity Name: M FOUNDATION, INC.**Current Principal Place of Business:**888 BRICKELL AVE STE. 400
MIAMI, FL 33131**Current Mailing Address:**888 BRICKELL AVE STE. 400
MIAMI, FL 33131 UN**FEI Number:** 81-2213739**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACCOUNTING SERVICES OF FLORIDA INC.
629 SW 1ST AVE.
FT. LAUDERDALE, FL 33301 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	MEZERHANE, NELSON J PRESIDE
Address	888 BRICKELL AVE
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	MEZERHANE, ELEONORA
Address	888 BRICKELL AVE
City-State-Zip:	MIAMI FL 33131

Title	D
Name	MEZERHANE DE SCHNAPP, MARIA ANDREA
Address	3601 CARLTON PLACE
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	MEZERHANE DE URDANET, MARIA ALEJANDR
Address	6585 LANDINGS COURT
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	POLITO DE MEZERHANE, FABIANA
Address	6454 ENCLAVE WAY
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	MEZERHANE, NELSON R
Address	888 BRICKELL AVE
City-State-Zip:	MIAMI FL 33131

Title	D
Name	GAVIRIA, ISADORA
Address	2930 CATALINA ST
City-State-Zip:	MIAMI FL 33133

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: MARIA ANDREA MEZERHANE DE SCHNAPP

MRS

01/30/2017

Electronic Signature of Signing Officer/Director Detail_____
Date