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
95 JAN 23 PM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **759797** **(4)**

1. Corporation Name
ARISON FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ALAN R. TWAITS 3655 NW 87 AVE MIAMI FL 33178	C/O ALAN R. TWAITS 3655 NW 87 AVE MIAMI FL 33178

3. Date Incorporated or Qualified: 08/21/1981
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2128429 ☐ 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

TWAITS, ALAN R.
3655 NW 87 AVE
MIAMI FL 33178

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	VT	1.1 TITLE	VT ☐ Change ☐ Addition
NAME	STURGES, ROBERT B.	1.2 NAME	STURGES, Robert B
STREET ADDRESS	~~3655 NW 87 AVE~~	1.3 STREET ADDRESS	3250 MARY ST. (CARNIVAL / Hotels +
CITY-ST-ZIP	~~MIAMI FL 33178~~	1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133 CRUISE)
TITLE	SPT	2.1 TITLE	☐ Change ☐ Addition
NAME	ARISON, SHARI	2.2 NAME	
STREET ADDRESS	1BN GVIROL 124	2.3 STREET ADDRESS	1BN GVIROL 124
CITY-ST-ZIP	TEL AVIV IS	2.4 CITY-ST-ZIP	TEL AVIV, IS, 64513
TITLE	TM	3.1 TITLE	☐ Change ☐ Addition
NAME	ARISON, MARILYN	3.2 NAME	
STREET ADDRESS	10 PAAMONI ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEL AVIV IS 62918	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ARISON, MICKY M.	4.2 NAME	
STREET ADDRESS	3655 NW 87 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	ARISON, MADELEINE	5.2 NAME	
STREET ADDRESS	999 COLLINS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33154	5.4 CITY-ST-ZIP	
TITLE	ASAS	6.1 TITLE	AS AVP ☐ Change ☐ Addition
NAME	TWAIS, ALAN R	6.2 NAME	TWAITS, ALAN R.
STREET ADDRESS	3655 N.W. 87TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	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)(k), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044735

Arison Foundation, Inc.

Carnival Cruise Lines, Carnival Place
3655 NW 87 Avenue, Miami, Fl. 33178/2428
Executive Offices: (305) 599-2600
1-800-327-7373
Fax: (305) 471-4756

January 13, 1995

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Arison Foundation, Inc.
FEI Number 59-2128429

Gentlemen:

With reference to the above captioned and attached Annual Report of Corporations, to further clarify the changes to the officers and directors of this Corporation as of this filing, I have outlined below the applicable modifications:

As you will note, the changes appear on the report itself as well.

Box 12

VT
STURGES, ROBERT B.
CARNIVAL HOTELS AND CASINOS **(ADDRESS CHANGE)**
3250 MARY STREET
COCONUT GROVE, FLA. 33133

SPT
ARISON, SHARI
IBN GIVROL 124
TEL AVIV, IS 64513 **(ADDRESS MODIFICATION)**

ASAVP
TWAITS, ALAN R **(TITLE CORRECTION AND NAME SPELLING CORRECTION)**

Thank you.

Very truly yours,

Maddy Rosenberg

Maddy Rosenberg
Assistant to the President

attachments

cc: Ellen Levenson
Sr. Legal Asst/Carn Corp.