

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996-1496

B- 7120

DOCUMENT # 759797

(4)

1. Corporation Name

ARISON FOUNDATION, INC.



Principal Place of Business

Mailing Address

% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI FL 33178

% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI FL 33178

3. Date Incorporated or Qualified

08/21/1981

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, ARNALDO
3655 NW 87TH AVENUE
MIAMI FL 33178

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

ARNALDO, PEREZ

2/7/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT
NAME STURGES, ROBERT B.
STREET ADDRESS 3250 MARY ST.
CITY-ST-ZIP COCONUT GROVE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SPT
NAME ARISON, SHARI
STREET ADDRESS IBN GIVROL 124
CITY-ST-ZIP TEL AVIV IS

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE TM
NAME ARISON, MARILYN
STREET ADDRESS 10 PAAMONI ST.
CITY-ST-ZIP TEL AVIV IS 62918

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE T
NAME ARISON, MICKY M.
STREET ADDRESS 3655 NW 87 AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME ARISON, MADELEINE
STREET ADDRESS 999 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33154

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE ASAV
NAME TWAITS, ALAN R.
STREET ADDRESS 3655 N.W. 87TH AVE.
CITY-ST-ZIP MIAMI FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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:

ARNALDO PEREZ, ASAV

2/7/96

(305) 599-8644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/96)