


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759797** (4)

1. Corporation Name

**ARISON FOUNDATION, INC.**



Principal Place of Business <b>% ARNALDO PEREZ 3655 NW 87TH AVENUE MIAMI FL 33178</b>	Mailing Address <b>% ARNALDO PEREZ 3655 NW 87TH AVENUE MIAMI FL 33178-2418</b>
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3. Date Incorporated or Qualified <b>08/21/1981</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2128429</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>PEREZ, ARNALDO 3655 NW 87TH AVENUE MIAMI FL 33178</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_  
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGES, ROBERT B.	1.2 NAME	
STREET ADDRESS	3250 MARY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	SPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISON, SHARI	2.2 NAME	
STREET ADDRESS	GOLDA CTR 23 SHAUL HAMELCH BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEL AVIV IS	2.4 CITY-ST-ZIP	
TITLE	TM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISON, MARILYN	3.2 NAME	
STREET ADDRESS	10 BERKOWITZ ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEL AVIV IS	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISON, MADELEINE	5.2 NAME	
STREET ADDRESS	9999 COLLINS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	ASAV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ARNALDO	6.2 NAME	
STREET ADDRESS	3655 N.W. 87TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Handwritten Signature]*  
ARNALDO PEREZ, SECRETARY OF STATE

CR2E037 (9/96)