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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2128429

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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, as 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

DATE

1/7/98

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

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	STURGES, ROBERT B.	
STREET ADDRESS	3250 MARY ST.	
CITY-ST-ZIP	COCONUT GROVE FL	

TITLE	SPT	<input type="checkbox"/> DELETE
NAME	ARISON, SHARI	
STREET ADDRESS	GOLDA CTR 23 SHAUL HAMELCH BLVD.	
CITY-ST-ZIP	TEL AVIV IS	

TITLE	TM	<input type="checkbox"/> DELETE
NAME	ARISON, MARILYN	
STREET ADDRESS	10 BERKOWITZ ST.	
CITY-ST-ZIP	TEL AVIV IS	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ARISON, MICKY M.	
STREET ADDRESS	3655 NW 87 AVE.	
CITY-ST-ZIP	MIAMI FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ARISON, MADELEINE	
STREET ADDRESS	9999 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	ASAV	<input type="checkbox"/> DELETE
NAME	PEREZ, ARNALDO	
STREET ADDRESS	3655 N.W. 87TH AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

DATE

1/7/98

Daytime Phone #

599-8600

CR2E037 (10/97)