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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759797

1. Corporation Name

ARISON FOUNDATION, INC.

Principal Place of Business

% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI FL 33178

Mailing Address

% ARNALDO PEREZ
3655 NW 87TH AVENUE
MIAMI FL 33178



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/21/1981

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT ☐ DELETE

NAME STURGES, ROBERT B.

STREET ADDRESS 3250 MARY ST.

CITY-ST-ZIP COCONUT GROVE FL

TITLE SPT ☐ DELETE

NAME ARISON, SHARI

STREET ADDRESS GOLDA CTR 23 SHAUL HAMELCH BLVD.

CITY-ST-ZIP TEL AVIV IS

TITLE TM ☐ DELETE

NAME ARISON, MARILYN

STREET ADDRESS 10 BERKOWITZ ST.

CITY-ST-ZIP TEL AVIV IS

TITLE T ☐ DELETE

NAME ARISON, MICKY M.

STREET ADDRESS 3655 NW 87 AVE.

CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME ARISON, MADELEINE

STREET ADDRESS 9999 COLLINS AVE

CITY-ST-ZIP MIAMI BEACH FL

TITLE ASAV ☐ DELETE

NAME PEREZ, ARNALDO

STREET ADDRESS 3655 N.W. 87TH AVE.

CITY-ST-ZIP MIAMI FL

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)