

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 21 AM 8:00

DOCUMENT # 759797

1. Entity Name
THE TED ARISON FAMILY FOUNDATION USA, INC.



Principal Place of Business
C/O MADDY ROSENBERG
3655 NW 87TH AVENUE
MIAMI, FL 33178

Mailing Address
C/O MADDY ROSENBERG
3655 NW 87TH AVENUE
MIAMI, FL 33178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004 Chg-NP CR2E037 (10/03) *MRS*

City & State

City & State

4. FEI Number
59-2128429

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, ARNALDO
3655 NW 87TH AVENUE
MIAMI, FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

600037435846

06/01/04--01011--010 **\$61.25

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CT ☐ Delete
NAME ARISON, SHARI
STREET ADDRESS 3655 NW 87 AVENUE
CITY-ST-ZIP MIAMI, FL 33178

TITLE CTPSTreasM ☒ Change ☐ Addition
NAME Arison, Shari
STREET ADDRESS 3655 NW 87 Ave
CITY-ST-ZIP Miami, FL 33178

TITLE TM ☒ Delete
NAME ARISON, MARILYN
STREET ADDRESS 9999 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE T ☒ Change ☐ Addition
NAME Arison, Marilyn
STREET ADDRESS 9999 Collins Ave
CITY-ST-ZIP Miami Beach, FL 33154

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

TITLE TM ☐ Change ☒ Addition
NAME Arison, Jason
STREET ADDRESS 3655 NW 87 Ave
CITY-ST-ZIP Miami, FL 33178

TITLE T ☒ Delete
NAME ARISON, MADELEINE
STREET ADDRESS 9999 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE TM ☐ Change ☒ Addition
NAME Arison, David
STREET ADDRESS 3655 NW 87th Ave
CITY-ST-ZIP Miami, FL 33178

TITLE ASVP ☐ Delete
NAME PEREZ, ARNALDO
STREET ADDRESS 3655 N.W. 87TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE TM ☐ Change ☒ Addition
NAME Arison, Cassie
STREET ADDRESS 3655 NW 87 Ave
CITY-ST-ZIP Miami, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARNALDO PEREZ 6/16/04 305-406-5073