FILED
May 02, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759797

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

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

DO NOT WRITE IN THIS SPACE

02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2128429

Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, ARNALDO
3655 NW 87TH AVENUE
MIAMI FL 33178

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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 _____ DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CTPS
NAME	ARISON, SHARI
STREET ADDRESS	3655 NW 87 AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	TM
NAME	ARISON, SHARI
STREET ADDRESS	3655 NW 87 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	T
NAME	ARISON, MARILYN
STREET ADDRESS	9999 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	TM
NAME	ARISON, JASON
STREET ADDRESS	3655 NW 87 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	TM
NAME	ARISON, DAVID
STREET ADDRESS	3655 N W 87TH AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	TM
NAME	ARISON, CASSIE
STREET ADDRESS	3655 NW 87 AVE
CITY-ST-ZIP	MIAMI, FL 33178

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05/04/05-80126-022 61.25

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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 a title like empowered.

SIGNATURE: Efrat Peled 4/23/05 (305)891-0017

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #