FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01077 (9)

1. Corporation Name
THE GROSSMAN FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
7990 S.W. 117 AVENUE BOX 639000 MIAMI FL 33263-6000	7990 S.W. 117 AVENUE BOX 639000 MIAMI FL 33263-6000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2411931 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CASTRO, ANTONIO J.
C/O ADMINISTRATIVE SERVICES, INC.
7990 SOUTHWEST 117TH AVENUE
MIAMI FL 33183

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	GROSSMAN, ARNOLD	12 NAME	REMOVE	
STREET ADDRESS	7990 S.W. 117TH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Grossman, Arnold	
TITLE	VSD	21 TITLE	P, D	☒ Change ☐ Addition
NAME	GROSSMAN, PHYLLIS	22 NAME		
STREET ADDRESS	7990 S.W. 117TH AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	VT	31 TITLE	V, S, D	☒ Change ☐ Addition
NAME	CASTRO, ANTONIO J	32 NAME		
STREET ADDRESS	7990 SOUTHWEST 117H AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	GROSSMAN, WILLIAM I.	
STREET ADDRESS		43 STREET ADDRESS	7990 SW 117 AVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE		51 TITLE	V, D	☐ Change ☒ Addition
NAME		52 NAME	MIZELS, LORI	
STREET ADDRESS		53 STREET ADDRESS	7990 SW 117 AVE	
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	GOTELMAN, KAREN	
STREET ADDRESS		63 STREET ADDRESS	1238 COMMONWEALTH AVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	NEWTON, MA 02165	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: [signature] ANTONIO J. CASTRO 4/11/95 (305) 595-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073077