

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N01077** (9)

1. Corporation Name

THE GROSSMAN FAMILY FOUNDATION, INC.

Principal Place of Business

7990 S.W. 117 AVENUE
BOX 839000
MIAMI FL 33283-6000

Mailing Address

7990 S.W. 117 AVENUE
BOX 839000
MIAMI FL 33283-6000



3. Date Incorporated or Qualified
01/25/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

ANTONIO J. CASTRO

(NOTE: Registered Agent signature required when reinstating)

4/24/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GROSSMAN, PHYLLIS**
STREET ADDRESS **7990 S.W. 117TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VSD** ☐ DELETE
NAME **CASTRO, ANTONIO J**
STREET ADDRESS **7990 SOUTHWEST 117H AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE
NAME **GROSSMAN, WILLIAM I**
STREET ADDRESS **7990 S W 117 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **MIZELS, LORI**
STREET ADDRESS **7990 S W 117TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE
NAME **GETEMAN, KAREN**
STREET ADDRESS **1238 COMMONWEALTH AVE**
CITY-ST-ZIP **NEWTON MA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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*****61.25**

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. I enclose attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO J. CASTRO

4/24/96

DATE

(305) 595-4040

DAYTIME PHONE #

CR2E037 (12/95)