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 APR -4 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24103 (6)

1. Corporation Name
THE MIOT FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
%MARTIN KALB 4200 BISCAYNE BLVD. MIAMI FL 33137	%MARTIN KALB 4200 BISCAYNE BLVD. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1987
3a. Date of Last Report: 03/28/1994
4. FEI Number: 65-0021932 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARLIN, PENNY 4200 BISCAYNE BLVD MIAMI FL 33137	01 Name: STEPHEN E. ROSE 02 Street Address (P.O. Box Number is Not Acceptable): 4200 BISCAYNE BLVD. 03 04 City: MIAMI FL 05 Zip Code: 33137

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: Stephen E. Rose 1/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	SOLOMON, JACOB	1.2 NAME	STEPHEN E. ROSE
STREET ADDRESS	4200 BISCAYNE BLVD.	1.3 STREET ADDRESS	4200 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HARTE, SAMUEL	2.2 NAME	
STREET ADDRESS	12501 N. KENDALL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DAS	3.1 TITLE	☐ Change ☐ Addition
NAME	MARLIN, PENNY	3.2 NAME	
STREET ADDRESS	4200 BISCAYNE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SAMOLE, MYRON	4.2 NAME	
STREET ADDRESS	13900 NW 58 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE	DCP	5.1 TITLE	☐ Change ☐ Addition
NAME	MIOT, SANFORD B.	5.2 NAME	
STREET ADDRESS	4115 KIORA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	5.4 CITY-ST-ZIP	
TITLE	DAS	6.1 TITLE	☐ Change ☐ Addition
NAME	MIOT, ANGELA	6.2 NAME	
STREET ADDRESS	4115 KIORA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	6.4 CITY-ST-ZIP	

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)(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 added on an attachment with an address.

SIGNATURE: Stephen E. Rose 1/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

0007433