

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759797

Entity Name: THE TED ARISON FAMILY FOUNDATION USA, INC.**Current Principal Place of Business:**20900 NE 30TH AVENUE
SUITE 1015
AVENTURA, FL 33180**Current Mailing Address:**20900 NE 30TH AVE.
SUITE 1015
AVENTURA, FL 33180**FEI Number:** 59-2128429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAFO LLC
20900 NE 30TH AVENUE
SUITE 1015
AVENTURA, FL 33100 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	ARISON, SHARI
Address	20900 NE 30TH AVENUE, SUITE 1015
City-State-Zip:	AVENTURA FL 33180

Title	DPTS
Name	ARISON, JASON
Address	20900 NE 30TH AVENUE, SUITE 1015
City-State-Zip:	AVENTURA FL 33180

Title	VP
Name	DE-FRIES, SHLOMIT
Address	20900 NE 30TH AVE., SUITE 1015
City-State-Zip:	AVENTURA FL 33180

Title	D
Name	ARISON, CASSIE
Address	20900 NE 30TH AVE., SUITE 1015
City-State-Zip:	AVENTURA FL 33180

Title	D
Name	ARISON, DAVID
Address	20900 NE 30TH AVE., SUITE 1015
City-State-Zip:	AVENTURA FL 33180

Title	DIRECTOR
Name	ARISON, DANIEL
Address	20900 NE 30TH AVENUE SUITE 1015
City-State-Zip:	AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON ARISON

P

02/14/2017

Electronic Signature of Signing Officer/Director Detail_____
Date