

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731706
1. Corporation Name
THE AMERICAN FOUNDATION FOR THE ARTS, INC.

Principal Place of Business c/o Richard Levine 3814 NE Miami Court Miami, FL 33137	Mailing Address same
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2. Principal Place of Business 21 same	2a. Mailing Address 26 same
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 12/31/74	3a. Date of Last Report / /96
4. FEI Number 51-0166808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Levine, Richard
3814 NE Miami Court
Miami, FL 33137**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	Levine, Mae
STREET ADDRESS	11 Island Avenue
CITY-ST-ZIP	Miami Beach, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Mallory, Ronald
STREET ADDRESS	3814 NE Miami Court
CITY-ST-ZIP	Miami, FL 33137
TITLE	P/T <input type="checkbox"/> DELETE
NAME	Levine, Richard
STREET ADDRESS	1 Grove Isle Dr. #610
CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Calderin, Jose
STREET ADDRESS	1254 SW 18 St.
CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Guillen, Federico
STREET ADDRESS	6956 SW 128 Ct.
CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Richard Levine* Date: **4/30/97** Dyingline Phone #: **(305) 576-0254**
Richard Levine, President

CR2E037 (9/96)