

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90016 028 ****61.25

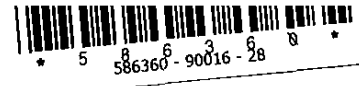
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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **731706**

1. Corporation Name
THE AMERICAN FOUNDATION FOR THE ARTS, INCORPORATED

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| Principal Place of Business 3814 N.E. MIAMI COURT C/O RICHARD LEVINE MIAMI FL 33137 | Mailing Address 3814 N.E. MIAMI COURT C/O RICHARD LEVINE MIAMI FL 33137 |
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|--|--|---|---------------------------------------|-------------------------------|
| 2. Principal Place of Business 1 Suite, Apt. #, etc. 3 City & State 4 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | 3. Date Incorporated or Qualified 12/31/1974 | 4. FEI Number 51-0166808 | Applied For 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 | |

9. Name and Address of Current Registered Agent
LEVINE, RICHARD
3814 N.E. MIAMI COURT
MIAMI FL 33137

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVINE, MAE | 1.2 NAME | |
| STREET ADDRESS | 11 ISLAND AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALLORY, RONALD | 2.2 NAME | |
| STREET ADDRESS | 3814 NE MIAMI COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVINE, RICHARD | 3.2 NAME | |
| STREET ADDRESS | 1 GROVE ISLE DR #1610 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALDERIN, JOSE | 4.2 NAME | |
| STREET ADDRESS | 1254 SW 18TH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUILLEN, FEDERICO | 5.2 NAME | |
| STREET ADDRESS | 4161 POINCIANA AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Levine* 7/6/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)