

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 20 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752873 (0)**  
 1. Corporation Name  
**MIAMI ART MUSEUM OF DADE COUNTY ASSOCIATION, INC**



Principal Place of Business <b>101 W FLAGLER ST MIAMI FL 33130-1504</b>	Mailing Address <b>101 W FLAGLER ST MIAMI FL 33130-1504</b>
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3. Date Incorporated or Qualified <b>06/10/1980</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number <b>59-2048869</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCGUIGAN, THOMAS R., P.A.  
200 S. BISCAYNE BLVD.  
SUITE 4000  
MIAMI FL 33131-2398**

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	<b>FL</b>

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERRELL, LORI	
STREET ADDRESS	4511 LAKE ROAD	
CITY - ST - ZIP	MIAMI FL 33137	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANTAFF, COURT	
STREET ADDRESS	4050 ANDERSON ROAD	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CEJAS, PAUL	
STREET ADDRESS	1740 W. 25TH ST.	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	OREN, NEDRA	
STREET ADDRESS	3528 BAYSHORE VILLAS DRIVE	
CITY - ST - ZIP	COOCNUT GROVE FL 33133	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WEISER, JUDY	
STREET ADDRESS	240 ARVIDA PARKWAY	
CITY - ST - ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Oren, Nedra	
1.3 STREET ADDRESS	3526 Bayshore Villas Drive	
1.4 CITY - ST - ZIP	Coconut Grove, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pochurst, Aaron	
4.3 STREET ADDRESS	16200 West Prestwick Place	
4.4 CITY - ST - ZIP	Miami Lakes, FL 33014	
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rose Ellen Greene	
5.3 STREET ADDRESS	201 Solano Prado	
5.4 CITY - ST - ZIP	Coral Gables, FL 33156	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Suzanne Delchanty	
6.3 STREET ADDRESS	1541 Brickell Avenue, Apt. A602	
6.4 CITY - ST - ZIP	Miami, FL 33129	

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 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** *Suzanne Delchanty* 4/28/97 305 375-1701

CP2E037 (9/96)