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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 752873
 1. Corporation Name
MIAMI ART MUSEUM OF DADE COUNTY ASSOCIATION, INC

Principal Place of Business
 101 W FLAGLER ST
 MIAMI FL 33130-1504

Mailing Address
 101 W FLAGLER ST
 MIAMI FL 33130-1504



2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/10/1980
22 City & State	27 City & State	4. FEI Number 59-2048869
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		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 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	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		FL	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 _____
 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 P NAME OREN, NEDRA STREET ADDRESS 3526 BAYSHORE VILLAS DR CITY-ST-ZIP COCONUT GROVE FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME LANTAFF, COURT STREET ADDRESS 4050 ANDERSON ROAD CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CEJAS, PAUL STREET ADDRESS 1740 W. 25TH ST. CITY-ST-ZIP MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PODHURST, AARON STREET ADDRESS 16200 W PRESTWICK PLACE CITY-ST-ZIP MIAMI LAKES FL	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME GREENE, ROSE ELLEN STREET ADDRESS 201 SOLANO PRADO CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DELEHANTY, SUZANNE STREET ADDRESS 1541 BRICKELL AVE., APT A602 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzanne Delehanty* Director
 Signature and typed or printed name of signing officer or director
 305
 375
 3701

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