


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

**FILED**

**May 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753293 (0)**  
 1. Corporation Name  
**THE BAKEHOUSE ART COMPLEX, INC.**



Principal Place of Business 561 N.W. 32ND ST. MIAMI FL 33127	Mailing Address 561 N.W. 32ND ST. MIAMI FL 33127-3749
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3. Date Incorporated or Qualified <b>07/09/1980</b>	3a. Date of Last Report <b>08/13/1996</b>
4. FEI Number <b>59-2104864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent  
**SIEGEL, GARY**  
**7700 NORTH KENDALL DRIVE**  
**SUITE 610**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent  
 81 Name **Apfel, Robert**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**400 Arthur Godfrey Rd**  
 83  
 84 City **Miami Beach** **FL** 85 Zip Code **33140**

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:  DATE: **4/23/97**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARFEL, ROBERT	
STREET ADDRESS	400 AUTHRE GODFREY RD.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MIZRACH, LARRY	
STREET ADDRESS	5253 SW 71ST PLACE	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURMAN, RANDY	
STREET ADDRESS	HE 2-3, 1550 MADENGA AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ESPINOSA, JUAN A.	
STREET ADDRESS	3430 SW 9TH ST., APT. 3	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDBERG, JEAN	
STREET ADDRESS	10431 SW 111TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATLASS, FAITH	
STREET ADDRESS	2035 KEYSTONE BLVD	
CITY-ST-ZIP	NORTH MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>400 ARTHUR GODFREY RD.</b>
1.4 CITY-ST-ZIP	<b>33140</b>
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Cox, Petey</b>
3.3 STREET ADDRESS	<b>8375 Schoolhouse Rd.</b>
3.4 CITY-ST-ZIP	<b>Coral Gables FL 33143</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>L. Frank Cordero</b>
4.3 STREET ADDRESS	<b>701 Brickell Avenue</b>
4.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>33181</b>

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:  DATE: **4/23/97 (305) 38-3265**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0028529

CP2E037 (9/96)