


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 23 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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 <b>561 N.W. 32ND ST. MIAMI FL 33127</b>	Mailing Address <b>561 N.W. 32ND ST. MIAMI FL 33127</b>
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3. Date Incorporated or Qualified  
**07/09/1980**

4. FEI Number <b>59-2104864</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**APFEL, ROBERT  
 400 ARTHUR GODFREY RD  
 MIAMI BCH FL 33140**

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

**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: *Robert Apfel* Agent Administrator **07.02.98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	APFEL, ROBERT	
STREET ADDRESS	400 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MIZRACH, LARRY	
STREET ADDRESS	5255 SW 71ST PLACE	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COX PETER	
STREET ADDRESS	8375 SCHOOLHOUSE RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORDERO, L FRANK	
STREET ADDRESS	701 BRICKELL AVE	
CITY-ST-ZIP	COARL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDBERG, JEAN	
STREET ADDRESS	10431 SW 111TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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: *Robert Apfel* **ROBERT APFEL, President** **7-15-98 (305) 538-3265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devline Phone #

CR2E037 (5/98)