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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10789 (8)

1. Corporation Name

ARTS &amp; BUSINESS COUNCIL OF MIAMI, INC.

Principal Place of Business

Mailing Address

201 SOUTH BISCAYNE BLVD  
SUITE 2400  
MIAMI FL 33131  
US201 S. BISCAYNE BLVD  
SUITE 2400  
MIAMI FL 33131-2378  
US3. Date Incorporated or Qualified  
08/21/19853a. Date of Last Report  
03/07/1996

4. FEI Number

59-2593330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

BRUNEY, LAURA  
201 SOUTH BISCAYNE BLVD  
SUITE 2400  
MIAMI FL 33131

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 C ☐ DELETE  
NAME JACOBS, CHERYL  
STREET ADDRESS 100 N BISCAYNE BLVD #1400  
CITY-ST-ZIP MIAMI FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE CE ☐ DELETE  
NAME GURLAND, HARVEY  
STREET ADDRESS 701 BRICKELL AVENUE #1850  
CITY-ST-ZIP MIAMI FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME SMITH, PAT  
STREET ADDRESS 2199 PONCE DE LEON  
CITY-ST-ZIP CORAL GABLES FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME DUETSCH, KATHY  
STREET ADDRESS 201 S. BISCAYNE BLVD #300  
CITY-ST-ZIP MIAMI FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ED ☐ DELETE  
NAME BRUNEY, LAURA  
STREET ADDRESS 200 S BISCAYNE BLVD, #4800  
CITY-ST-ZIP MIAMI FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE T-Deutsch ☒ DELETE  
NAME DEUTSCH, KATHY  
STREET ADDRESS 201 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Trustee  
6.3 STREET ADDRESS Lauren Harrison  
6.4 CITY-ST-ZIP 1 Biscayne Tower # 2800  
Miami FL 33131

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: *Cheryl Jacobs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

Date

Daytime Phone # none

CR2E037 (9/96)