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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90051 034 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10789

1. Corporation Name

ARTS & BUSINESS COUNCIL OF MIAMI, INC.

Principal Place of Business 201 SOUTH BISCAYNE BLVD SUITE 2400 MIAMI FL 33131 US	Mailing Address 201 S. BISCAYNE BLVD SUITE 2400 MIAMI FL 33131 US
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2. Principal Place of Business 21 200 South Biscayne Blvd Suite, Apt. #, etc. 22 4000 City & State 23 Miami, FL Zip 24 33131	2a. Mailing Address 26 200 S. Biscayne Blvd Suite, Apt. #, etc. 27 4000 City & State 28 Miami, FL Zip 29 33131	3. Date Incorporated or Qualified 08/21/1985 4. FEI Number 59-2593330 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Laura Bruney	82 Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Blvd
83 Suite Suite 4000	84 City Miami
85 Zip Code FL 33131	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURLAND, HARVEY	1.2 NAME	
STREET ADDRESS	701 BRICKELL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	CE <input type="checkbox"/> DELETE	2.1 TITLE	Chair Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GURLAND, HARVEY	2.2 NAME	Debra Moroff
STREET ADDRESS	701 BRICKELL AVENUE #1850	2.3 STREET ADDRESS	3600 NW 82 Ave
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, PAT	3.2 NAME	James P Gilbert
STREET ADDRESS	2100 PONCE DE LEON	3.3 STREET ADDRESS	9130 S. Dadeland Blvd
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami FL 33176
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUETSCH, KATHY	4.2 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNEY, LAURA	5.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLVD, #4600	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUREN HARRISON	6.2 NAME	Ruth Harris
STREET ADDRESS	1 BISCAYNE TOWER #2000	6.3 STREET ADDRESS	605 Lincoln Rd
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami Beach FL 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
LAUREN HARRISON

1/26/99 305-670-3789
 Date Daytime Phone #

CR2E037 (11/98)