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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29012 (4)  
1. Corporation Name  
MIAMI ART CLUB, INC.

Principal Place of Business: 8740 SW 8 STREET, 851 NE 79TH STREET, MIAMI FL 33174 US  
Mailing Address: C/O CONSTANTIN N. MALINOVSKY, 851 NE 79TH STREET, MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1988  
3a. Date of Last Report: 05/19/1994

4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

9. Name and Address of Current Registered Agent  
MALINOVSKY, CONSTANTIN N.  
851 NE 79TH STREET  
MIAMI FL 33138

10. Name and Address of New Registered Agent  
81. Name: GUILLERMO ARRUZA  
82. Street Address (P.O. Box Number is Not Acceptable): 421 AURELIA AVENUE  
83.  
84. City: CORAL GABLES FL 85. Zip Code: 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Guillermo Arruza* GUILLERMO ARRUZA, DIRECTOR April 20, 1995  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRUZA, GUILLERMO	1.2 NAME	
STREET ADDRESS	421 AURELIA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALINOVSKY, CONSTANTIN	2.2 NAME	<del>MALINOVSKY</del> Sanchez, Rodolfo R.
STREET ADDRESS	8740 S.W. 8TH ST.	2.3 STREET ADDRESS	8360 S.W. 41 Terrace
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, FL 33155
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA PORTILLA, MIRIAM	3.2 NAME	DE LA PORTILLA, MIRIAM
STREET ADDRESS	8740 S.W. 8TH ST.	3.3 STREET ADDRESS	8740 S.W. 8th St.
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI, FL 33174
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARANDELA, ARTEMIO	4.2 NAME	
STREET ADDRESS	3823 RIVIERA DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	4.4 CITY - ST - ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLEY, RAQUEL	5.2 NAME	VS GONZALEZ, SALVADOR
STREET ADDRESS	4114 SAN AMERO DR	5.3 STREET ADDRESS	8740 S.W. 8th St.
CITY - ST - ZIP	CORAL GABLES FL 33146	5.4 CITY - ST - ZIP	MIAMI, FL 33174
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCA, ROSINA	6.2 NAME	
STREET ADDRESS	8740 S.W. 8TH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Rodolfo R. Sanchez* Rodolfo R. Sanchez 4/25/95 (45) 553-1366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Article IV, Para 6)