

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N29012** (4)

1. Corporation Name
MIAMI ART CLUB, INC.



Principal Place of Business: **8740 SW 8 STREET**
~~951 NE 79TH STREET~~ (delete)
MIAMI FL 33174 US

Mailing Address: **C/O GUILLERMO ARRUZA**
421 AURELIA AVENUE
CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: **10/26/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **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**

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

2. Principal Place of Business

21 **8740 SW 8 ST (ONLY)**

22 Suite, Apt. #, etc.

23 **Miami, FL**

24 **33174**

25 **US**

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ARRUZA, GUILLERMO
421 AURELIA AVENUE
CORAL GABLES FL 33146

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

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 officer 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]* DATE: **1-17-1996**

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D** **ARRUZA, GUILLERMO**

STREET ADDRESS **421 AURELIA AVE**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE

NAME **T** **SANCHEZ, RODOLFO R**

STREET ADDRESS **8360 S.W. 41 TERRACE**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **P** **DE LA PORTILLA, MIRIAM**

STREET ADDRESS **8740 S.W. 8TH ST.**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **D** **BARANDELA, ARTEMIO**

STREET ADDRESS **3623 RIVIERA DR**

CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE DELETE

NAME **VS** **GONZALEZ, SALVADOR**

STREET ADDRESS **8740 S.W. 8TH ST.**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **V** **ARCA, ROSINA**

STREET ADDRESS **8740 S.W. 8TH ST.**

CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME **S** **MILIAN, LORRAINE**

53 STREET ADDRESS **8740 S.W. 8th St.**

54 CITY-ST-ZIP **MIAMI, FL 33174**

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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: *[Signature]* DATE: **3/18/96** DAYTIME PHONE #: **(305) 553-1366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rodolfo Sanchez**

CR2E037 (12/95)