


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 MIAMI FL 33174 US | Mailing Address C/O GUILLERMO ARRUZA 421 AURELIA AVENUE CORAL GABLES FL 33146-3501 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/26/1988 | 3a. Date of Last Report 03/25/1996 |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

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 FRANK A. MUNOZ |
| 82 Street Address (P.O. Box Number is Not Acceptable) 10852 N. Kendall Dr. # 315 |
| 83 |
| 84 City Miami |
| 85 Zip Code FL 33176 |

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, 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 *Frank A. Munoz* **FRANK A. MUNOZ** Director **3/26/97**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | ARRUZA, GUILLERMO |
| STREET ADDRESS | 421 AURELIA AVE |
| CITY - ST - ZIP | CORAL GABLES FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | SANCHEZ, RODOLFO R |
| STREET ADDRESS | 8360 S.W. 41 TERRACE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | DE LA PORTILLA, MIRIAM |
| STREET ADDRESS | 8740 S.W. 8TH ST. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BARANDELA, ARTEMIO |
| STREET ADDRESS | 3623 RIVIERA DR |
| CITY - ST - ZIP | CORAL GABLES FL 33134 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | MILIAN, LORRAINE |
| STREET ADDRESS | 8740 SW 8TH STREET |
| CITY - ST - ZIP | MIAMI FL 33174 |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | ARCA, ROSINA |
| STREET ADDRESS | 8740 S.W. 8TH ST. |
| CITY - ST - ZIP | MIAMI FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Cesar Luaces |
| 1.3 STREET ADDRESS | 9703 Hammock Blvd. #113 |
| 1.4 CITY - ST - ZIP | Miami, FL 33196 |
| 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 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: *Rodolfo Sanchez* **RODOLFO SANCHEZ**, Treasurer **4/12/97** **227-4794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030417

CR2E037 (9/96)