

FILED

May 07 1998 8:00am

Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N 29012 (4)
1. Corporation Name
MIAMI ART CLUB, INC.

Principal Place of Business: 8740 S.W. 8 Street, 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
Last report: 4/12/97

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

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

24. Suite, Apt. #, etc.
25. City & State
26. Zip Country

27. Suite, Apt. #, etc.
28. City & State
29. Zip Country

21. Suite, Apt. #, etc.
22. City & State
23. Zip Country

24. Suite, Apt. #, etc.
25. City & State
26. Zip Country

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Frank A. Munoz
10852 N. Kendall Dr. Apt. #315
Miami, FL 33176

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 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: Frank A. Munoz, Director DATE: 3/25/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Luaices, Cesar	
STREET ADDRESS	9703 Hammock Blvd #113	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	R	<input type="checkbox"/> DELETE
NAME	Sanchez, Rodolfo R	
STREET ADDRESS	8360 S.W. 41 Terrace	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	P	<input type="checkbox"/> DELETE
NAME	De La Portilla, Miriam	
STREET ADDRESS	8740 S.W. 8th St.	
CITY-ST-ZIP	Miami, FL 33174	
TITLE	D	<input checked="" 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 S.W. 8 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 33174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Munoz, Frank A.
4.3 STREET ADDRESS	10852 N. Kendall Dr. #315
4.4 CITY-ST-ZIP	Miami, FL 33176
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002518208
5.3 STREET ADDRESS	-05/11/98--01025--026
5.4 CITY-ST-ZIP	***61.25
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 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 B. Sanchez* Rodolfo B. Sanchez, Treasurer 3/25/98 (305) 227-4794

CR2E037 (10/97)

05/17