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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N 29012 (4) ✓

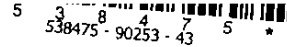
1. Corporation Name

MIAMI ART CLUB, Inc.

Principal Place of Business

Mailing Address

8740 S.W. 8th Street
 Miami, FL 33174



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified **Last report**
 10/26/1988 3/25/98

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Miriam de la Portilla
 3600 S.W. 26 Street
 Miami, FL 33133

81 Name **MIRIAM DE LA PORTILLA**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 *Miriam de la Portilla*

DATE **4/27/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME De la Portilla, Miriam
 STREET ADDRESS 8740 S.W. 8th St.
 CITY-ST-ZIP Miami, FL 33174

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME Arcana Rosina
 STREET ADDRESS 8740 S.W. 8th St.
 CITY-ST-ZIP Miami, FL 33174

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **L** DELETE
 NAME Milián, Lorraine
 STREET ADDRESS 8740 S.W. 8th St.
 CITY-ST-ZIP Miami, FL 33174

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **T** DELETE
 NAME Sánchez, Rodolfo R.
 STREET ADDRESS 8100 S.W. 89th Terrace
 CITY-ST-ZIP Miami, FL 33174

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME Luaces, Cesar
 STREET ADDRESS 9703 Hammock Blvd #113
 CITY-ST-ZIP Miami, FL 33196

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME Valle, Mariano
 STREET ADDRESS 5641 S.W. 95 Ct.
 CITY-ST-ZIP Miami, FL 33173

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Rodolfo R. Sanchez, Rodolfo R. Sanchez, Treasurer 4/28/99 (305) 412-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)