2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jul 01, 2004 8:00 am Secrétary of State DOCUMENT # N29012 1. Entity Name 07-01-2004 90001 030 ****61.25 MIAMI ART CLUB, INC. Principal Place of Business Mailing Address 8454 SW 24 STREET (CORAL WAY) WESTCHESTER MALL 8454 SW 24 STREET (CORAL WAY) WESTCHESTER MALL MIAMI FL 33155-2334 54059421 MIAMI FL 33155-2334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) Applied For City & State City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-ALVAREZ, MIRIAM M 8454 SW 24 STREET Street Address (P.O. Box Number is Not Acceptable) (CORAL WAY) WESTCHESTER MALL MIAMI FL 33155-2334 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition GONZALEZ, TOMAS NAME NAME 6655 S.W. 40 CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE SANCHEZ, RODOLFO R NAME NAME 8100 SW 89 TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIF CITY-ST-ZIP Change ☐ Delete TITLE TITLE Addition ALVAREZ, MIRIAM M NAME NAME 3600 SW 26TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE ALVAREZ, JOSE E NAME 3600 SW 26TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MILIAN, LORRAINE NAME NAMĚ 281 SOUTHWEST 71ST AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CAMPANO, MERCEDES NAME NAME 2625 COLLINS AVENUE, 403 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33146 CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED