FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

770890

(2)

DOCUMENT #
1. Corporation Name THE MIAMI CHILDREN'S MUSEUM, INC.

Principal Place of Business Mailing Address									
5701 SUNSET		5701 SUNSET DRIVE							
MIAMI FL 3314	3	MIAMI FL 33143					D- D-1-	-614 D	
						3. Date Incorporated or Qualified 10/24/1983		of Last R /01/199	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
	Coral Way			ay		59-2396999		Not Applicable	
Suite, Apt. #, etc.		——————————————————————————————————————	Suite, Apt. #, etc.			5. Certificate of Status Desired	K		Additional equired
Leve.	L U	City & State				6. Election Campaign Financing			May Be
City & State 3 Miami, FL		28 Miami, FL				Trust Fund Contribution			to Fees
Zin	Country		Cou	ntry		8. This corporation has liability for in	angible tax	under s. 1	99.032,
3314	45 Country Zip 33145 30		30	1		Florida Statutes			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Aç	jent	
			,		me				
PALIAKOFF, GARY				82 St	Street Address (P.O. Box Number is Not Acceptable)				
	RLING ROAD		83				 -		
FI. LAUD	ERDALE FL 33312			["]					
				84 Cit	y .		FL	85 Zip	Code
dd Duwniant t	the provisions of Sections 617 0502	and 617 1508 Florida Statu	tes the abo	ve-name	ed corpor	ation submits this statement for the purp		ging its re	gistered office
or register	ed agent, or both, in the State of Flori	da. Such change was authori	zed by the	corporati	on's boar	ation submits this statement for the purp of directors. I hereby accept the appoint	ntment as re	igistered a	agent. I am
familiar wit	h, and accept the obligations of, Sect	ion 617.0503, Florida Statute	15.						
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable.	IOTE: Registered	1 Agent sign:	ature required	d when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	₩ DELETE	1.1 T	ITLE		₽Ď	×) Change	☐ Addition
NAME	Pope, ann		1.2 N	AME		Sam Terilli			
STREET ADDRESS	8505 MILLS DR		1.3 S	treet addf		One Herald Plaza		•	
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP		Miami, FL 33132-1609] Change	Addition
TITLE	VPD	DELETE	2.1 T		1		L	Charige	Magazion
NAME	PARNES, ELIZABETH		22 N		i				
STREET ADDRESS	7843 NW 15 ST			TREET ADDI	1				
CITY-ST-ZIP	MIAMI FL	K] DELETE	2. 4 (3.1 T	CITY - ST - ZII	P	VPD	K	Change	Addition
TITLE	TD Tegneglia, anthony	E lnereie	3.1) 3.2 N			Scott Leeds	123	,	Land 1 10 To
NAME	17102 SW 79TH PLACE		1	TREET ADD	DE C C	2950 SW 27 Av., #300			
STREET ADDRESS	MIAMI FL			CITY-ST-ZII	- 1	Miami, FL 33133-3765			
CITY-ST-ZIP TITLE	S	DELETE	4.1 T		-	S	k	Change	Addition
NAME	GADINSKY, MARILYN			NAME		Kelley Werner			
STREET ADDRESS	5325 PINE TREE RIVE		4.3 5	TREET ADD	RESS	4975 SW 85 Street		•	
CITY-ST-ZIP	MIAMI BEACH FL			CITY-ST-ZIF		Miami, FL 33143			
TITLE	D	DELETE		TLE:] Change	Addition
NAME	ZOHLMAN, BARBARA		5.21	NAME					
STREET ADDRESS	7995 SW 146 ST. CIR.		5.3 5	STREET ADD	RESS				
CITY - ST - ZIP	MIAMI FL		5.40	CITY-ST-ZII	Р			70-	The same
TITLE	D	⊠ DELETE	6.11	TITLE		TD	X] Change	Addition
NAME	CONSUEGRA, MARIA		6.2	NAME	1	Richard Cahlin			
STREET ADDRESS	1050 95TH ST., #5		6.3 \$	STREET ADD	ress	20590 W Dixie Highwa			
CITY-ST-ZIP	BAY HARBOR ISLAND, F		6.4	CITY - ST - ZI	P T	N. Miami, FL 33180-1	129	ida Statut	es I further
14. I do hereb	by certify that the information supplied the information indicated on this arc	with this filing is voluntarily fundal report or supplemental a	ırnıshed and nnual report	aces no is true a	or dnailty i	for the exemption stated in Section 119.9 ate and that my signature shall have the	same legal e	ffect as if	made under
oath; that	I am an officer or director of the corp	oration or the receiver or trus	tee empow	ered to e	xecute th	are and that my signature shall have the his report as required by Chapter 617, FK 	rida Statute	s; and tha	it my name
appears it	THOCK 12 OF BLOCK 13 IT CONTINUED, OF	Un an attacippent with an ac	rui Qaa.		_	-			

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Daytime Phone # (305) 446-429 CR2E037 (12/95)