


5-13-97 B-7132 -C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mof... Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701923 (5) 1. Corporation Name THE COCONUT GROVE PLAYHOUSE, INC.			
Principal Place of Business P. O. BOX 607 COCONUT GROVE FL 33133 US		Mailing Address P. O. BOX 607 COCONUT GROVE FL 33133 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/19/1961		3a. Date of Last Report 04/17/1996	
4. FEI Number 59-6152238		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MITTELMAN, ARNOLD 3500 MAIN HWY. COCONUT GROVE FL 33133		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 FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, GEORGE 3250 MARY STREET MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CHAIRMAN T GEORGE BRENNAN 3250 MARY STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JASON, DORAN 8800 DORAL BLDG., #304 MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TREASURER T DORAN JASON 8600 DORAL BLVD. #101 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, ALVIN 200 S. BISCAYNE BLVD. MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	HOMERO DE LA TORRE T VICE CHAIRMAN 501 S.W. 37th AVENUE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARGOLIS, GWEN 13899 BISCAYNE BLVD. MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VICE CHAIRMAN T GWEN MARGOLIS 111 N.W. 1st STREET, STE. 220 MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, CAREY 22 E FLAGLER ST MIAMI FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SECRETARY T JACK ADMIRE 2511 PONCE DE LEON BLVD., STE. 320 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>George Brennan</u> REQUIRED <u>GEORGE BRENNAN</u> 2/20/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0078353			

CR2E037 (9/96)