

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006264

Entity Name: INSTITUTE OF CONTEMPORARY ART, MIAMI, INC.**Current Principal Place of Business:**4040 NE 2ND AVE., STE 200
MIAMI, FL 33137**Current Mailing Address:**4040 NE 2ND AVE., STE 200
MIAMI, FL 33137**FEI Number:** 47-1251523**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CO-CHAIRMAN
Name BRAMAN, IRMA
Address 4040 NE 2ND AVE., STE 200
City-State-Zip: MIAMI FL 33137

Title VC
Name ANDERSON, SHELDON
Address 4040 NE 2ND AVE., STE 200
City-State-Zip: MIAMI FL 33137

Title TREASURER
Name MORABITO, PAULA
Address 4040 NE 2ND AVE., STE 200
City-State-Zip: MIAMI FL 33137

Title CO-CHAIRMAN/PRESIDENT
Name YARKIN, RAY ELLEN
Address 4040 NE 2ND AVE., STE 200
City-State-Zip: MIAMI FL 33137

Title VC
Name SMULIAN, ANDREW
Address 4040 NE 2ND AVE., STE 200
City-State-Zip: MIAMI FL 33137

Title SECRETARY
Name LIPTON, JANICE
Address 4040 NE 2ND AVE., STE 200
City-State-Zip: MIAMI FL 33137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAY ELLEN YARKINCO-
CHAIRMAN/PRESIDENT,
BOARD OF TRUSTEES

01/09/2015

Electronic Signature of Signing Officer/Director Detail_____
Date