FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713084 (2)

1. Corporation Name
ALLIED ARTS OF NORTH MIAMI INC.

Principal Place of Business	Mailing Address
3807 NE 168TH ST, APT I N MIAMI BCH FL 33160	3807 NE 168TH ST, APT I N MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1967
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-6205874 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASTAGNA, MARIE N. 3807 N.E. 168 STREET, APT. I NORTH MIAMI BEACH FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	GERS	1.1 TITLE	PRES.	☑ Change ☐ Addition
NAME	H, SOL	1.2 NAME	VIOLET DUNHAM	
STREET ADDRESS	9801 COLLINS AVE.	1.3 STREET ADDRESS	20801 SAN SIMEON WAY	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	No. Miami Bch, FL 33179	
TITLE	V	2.1 TITLE	V. PRES.	☑ Change ☐ Addition
NAME	DUBOW, GRACE	2.2 NAME	Wm. WATSON	
STREET ADDRESS	4121 CORAL TREE CR., SUITE 334	2.3 STREET ADDRESS	~~NW 8th Ave~~ 311 NE 86 ST	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	S	3.1 TITLE	SECT.	☑ Change ☐ Addition
NAME	FORTNEY, VIRGINIA	3.2 NAME	DOROTHY CHEVALIER	
STREET ADDRESS	12000 NE 16 S810	3.3 STREET ADDRESS	12000 NE 8th AVE	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	BISCAYNE PK, FL 33161	
TITLE	D	4.1 TITLE	DIR.	☑ Change ☐ Addition
NAME	LEEDS, IRENE	4.2 NAME	SOL GERSH	
STREET ADDRESS	85 N.E. 132 TERR.	4.3 STREET ADDRESS	9801 COLLINS AVE	
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE	VD	5.1 TITLE	DIR.	☑ Change ☐ Addition
NAME	SILVA, HENA	5.2 NAME	LIDA HEMPHILL	
STREET ADDRESS	11423 NE 8 AVE	5.3 STREET ADDRESS	10920 PEACHTREE DR.	
CITY-ST-ZIP	BISCAYNE PK FL	5.4 CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHAEFFER, BETTY	6.2 NAME		
STREET ADDRESS	12004 NE 8TH AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BISCAYNE PARK FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Betty K. Schaeffer, Treas. 4/14/95 (305) 866-4633
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Date — Daytime Phone #
BETTY K. SCHAEFFER, TREAS