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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33160-3552**

3. Date Incorporated or Qualified  
**07/19/1967**

3a. Date of Last Report  
**05/16/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-6205874**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **DUNHAM, VIOLET**  
STREET ADDRESS **20801 S SIMEON WAY**  
CITY-ST-ZIP **N MIAMI BEACH FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **FRANK K. KLUGER, RUBIN**  
1.3 STREET ADDRESS **525 90 ST.**  
1.4 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **VP** ☐ DELETE  
NAME **WATSON, WILLIAM**  
STREET ADDRESS **311 NE 88 ST**  
CITY-ST-ZIP **MIAMI SHORES FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **CHEVALIER, DOROTHY**  
STREET ADDRESS **12000 NE 8TH AVE**  
CITY-ST-ZIP **BISCAYNE PARK FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **GERSH, SOL**  
STREET ADDRESS **9801 COLLINS AVE**  
CITY-ST-ZIP **BAL HARBOR FL**

4.1 TITLE **DUNHAM, VIOLET D** ☒ Change ☐ Addition  
4.2 NAME **DUNHAM, VIOLET**  
4.3 STREET ADDRESS **20801 S. SIMEON WAY**  
4.4 CITY-ST-ZIP **N. MIAMI BCH, FL 33179**

TITLE **D** ☐ DELETE  
NAME **HEMPHILL, LIDA**  
STREET ADDRESS **10920 PEACHTREE DR**  
CITY-ST-ZIP **N MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **SCHAEFFER, BETTY**  
STREET ADDRESS **12004 NE 8TH AVE.**  
CITY-ST-ZIP **BISCAYNE PARK FL**

6.1 TITLE **TD** ☒ Change ☐ Addition  
6.2 NAME **DUNHAM, CLAUDETTE**  
6.3 STREET ADDRESS **12640 N. BAYSHORE DR.**  
6.4 CITY-ST-ZIP **N. MIAMI, FL 33181**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RUBIN KLUGER**

**4/25/97**

**861-3934**

Date

Daytime Phone # 0001447

CR2E037 (9/96)