


FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713084** (2)  
Corporation Name  
**ALLIED ARTS OF NORTH MIAMI INC.**



Principal Place of Business <b>3807 NE 168TH ST. APT 1 N MIAMI BCH FL 33160</b>	Mailing Address <b>3807 NE 168TH ST. APT 1 N MIAMI BCH FL 33160</b>
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3. Date Incorporated or Qualified <b>07/19/1967</b>	4. FEI Number <b>59-6205874</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CASTAGNA, MARIE N. 3807 N.E. 168 STREET, APT. 1 NORTH MIAMI BEACH FL</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>KLUGER, RUBIN</b>
STREET ADDRESS	<b>525 90TH ST</b>
CITY-ST-ZIP	<b>SURFSIDE FL</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>WATSON, WILLIAM</b>
STREET ADDRESS	<b>311 NE 88 ST</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>CHEVALIER, DOROTHY</b>
STREET ADDRESS	<b>12000 NE 8TH AVE</b>
CITY-ST-ZIP	<b>BISCAYNE PARK FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>DUNHAM, VIOLET</b>
STREET ADDRESS	<b>20801 S SIMEON WAY</b>
CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>HEMPHILL, LIDA</b>
STREET ADDRESS	<b>10920 PEACHTREE DR</b>
CITY-ST-ZIP	<b>N MIAMI FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>DURHAM, CLAUDETTE</b>
STREET ADDRESS	<b>12640 N BAYSHORE DR</b>
CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DOROTHY CHEVALIER</b>
1.3 STREET ADDRESS	<b>12000 N.E. 8TH AVE</b>
1.4 CITY-ST-ZIP	<b>BISCAYNE PARK FL</b>
2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WATSON WILLIAM</b>
2.3 STREET ADDRESS	<b>311 NE 88ST</b>
2.4 CITY-ST-ZIP	<b>MIAMI SHORES FL</b>
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DOROTHY COPE</b>
3.3 STREET ADDRESS	<b>1430 N.E. 137ST</b>
3.4 CITY-ST-ZIP	<b>NORTH MIAMI FL</b>
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DUNHAM VIOLET</b>
4.3 STREET ADDRESS	<b>20801 S SIMEON WAY</b>
4.4 CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HEMPHILL LIDA</b>
5.3 STREET ADDRESS	<b>10920 PEACHTREE DR</b>
5.4 CITY-ST-ZIP	<b>NORTH MIAMI FL</b>
6.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DURHAM CLAUDETTE</b>
6.3 STREET ADDRESS	<b>12640 N BAYSHORE DR</b>
6.4 CITY-ST-ZIP	<b>NORTH MIAMI FL</b>

14. I 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: *Claudette Durham* 3/30/98 305-893-3391

CR2E037 (10/97)