

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90003 041 ****61.25

DOCUMENT # 713084

1. Corporation Name

ALLIED ARTS OF NORTH MIAMI INC.

Principal Place of Business

3807 NE 168TH ST. APT 1
N MIAMI BCH FL 33160

Mailing Address

3807 NE 168TH ST. APT 1
N MIAMI BCH FL 33160



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1. SAME		26. SAME		07/19/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2. SAME		27. SAME		59-6205874	
City & State		City & State		Applied For	
3. SAME		28. SAME		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country USA		Country USA		8.75 Additional Fee Required	
4. SAME		29. SAME		30. D USA	
25. FL		30. D USA		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CASTAGNA, MARIE N.
3807 N.E. 168 STREET, APT. 1
NORTH MIAMI BEACH FL

10. Name and Address of New Registered Agent

81. Name	SAME	
82. Street Address (P.O. Box Number is Not Acceptable)		
83.		
84. City	FL	85. Zip Code
		33160

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	1.1 TITLE	
NAME	KLUGER, RUBIN	1.2 NAME	
STREET ADDRESS	525 90TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	WATSON, WILLIAM	2.2 NAME	
STREET ADDRESS	311 NE 86 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	CHEVALIER, DOROTHY	3.2 NAME	
STREET ADDRESS	12000 NE 8TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BISCAYNE PARK FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DUNHAM, VIOLET	4.2 NAME	
STREET ADDRESS	20801 S SIMEON WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HEMPHILL, LIDA	5.2 NAME	
STREET ADDRESS	10920 PEACHTREE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	DURHAM, CLAUDETTE	6.2 NAME	
STREET ADDRESS	12640 N BAYSHORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/99 305-8933391
Date Daytime Phone #

CR2E037 (5/99)