

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 713094

(1)

1. Corporation Name

THE FRIENDS OF ART, INC.

Principal Place of Business

1301 STANFORD DRIVE
CORAL GABLES FL 33146

Mailing Address

1301 STANFORD DRIVE
CORAL GABLES FL 33146



3. Date Incorporated or Qualified

07/21/1967

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURSAM, BRIAN
1301 STANFORD DR
CORAL GABLES 33146-9005

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MATUS, MICHAEL	
STREET ADDRESS	1301 STANFORD DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KRONENBERG, RICHARD	
STREET ADDRESS	1301 STANFORD DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, LEWIS	
STREET ADDRESS	1301 STANFORD DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAULI, DORA VALDEZ	
STREET ADDRESS	751 N GREENWAY DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan Gordon	
1.3 STREET ADDRESS	1301 Stanford Drive	
1.4 CITY-ST-ZIP	Coral Gables, Florida 33146	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ton Luyk	
2.3 STREET ADDRESS	1301 STANFORD Drive	
2.4 CITY-ST-ZIP	CORAL Gables, FLA. 33146	
3.1 TITLE	Treasurer TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ellen Ellison	
3.3 STREET ADDRESS	1301 Stanford Drive	
3.4 CITY-ST-ZIP	CORAL Gables, FLA. 33146	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	6000019089	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-07/30/96--01157--041	
6.3 STREET ADDRESS	***61.25	
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 for 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96 305-443-3241

Date

Daytime Phone #

05 713094

CR2E037 (12/95)