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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 730455 (3)

1. Corporation Name

PERFORMING ARTS FOR COMMUNITY & EDUCATION, INC.

300001469923

-05/01/95--01084--011

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1974
3a. Date of Last Report 08/25/1994
4. FEI Number 59-1553524
Applied For Not Applicable

Principal Place of Business Mailing Address
6121 S.W. 48TH COURT P.O. BOX 630816
DAVIE FL 33314 MIAMI FL 33168-0040
US US

2. Principal Place of Business 2a. Mailing Address
21 12390 N.E. 13 Place 26 12390 N.E. 13 Place
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 N. Miami, FL 28 N. Miami, FL
24 Zip 25 U.S.A. 29 33161 30 U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SMITH, LARRY
6121 SW 48TH COURT
MIAMI FL 33167
10. Name and Address of New Registered Agent
81 Name Lanny Smith
82 Street Address (P.O. Box Number is Not Acceptable)
6121 S.W. 48 Ct
83
84 City Davie FL 85 Zip Code 33314

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 *Lanny Smith* Lanny Smith, Senior Director 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

1. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
CD HAMILTON, WILLIAM 1200 BRICKELL AVE MIAMI FL
PD RUBIO, NELLY 8900 NW 18 TER MIAMI FL
VD CARTWRIGHT, DON 1500 NW 49 ST 500 FT LAUDERDALE FL
V COHEN, MARK 1811 NW 12 AVE MIAMI FL
M CASBARRO, JOHN 11380 NW 27 AVE #3342/30 MIAMI FL
T THAW, MARK 20451 NW 2ND AVE MIAMI FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE PIC Change Addition
12 NAME Nelly Perez-Rubio
13 STREET ADDRESS 540 E. 38 St.
14 CITY - ST - ZIP Hialeah, FL 33013
21 TITLE V Change Addition
22 NAME Karen Strouse
23 STREET ADDRESS 2601 Barcelona Dr.
24 CITY - ST - ZIP Ft. Lauderdale, FL 33301
31 TITLE T Change Addition
32 NAME Caroline Gagnon
33 STREET ADDRESS 2555 N.E. 207 Terr.
34 CITY - ST - ZIP Miami, FL 33170
41 TITLE S Change Addition
42 NAME John Casbarro
43 STREET ADDRESS 5532 S.W. 114 Ave.
44 CITY - ST - ZIP Cooper City, FL 33330
51 TITLE O Change Addition
52 NAME Richard Serotta
53 STREET ADDRESS 7920 E. Drive, Apt. #23
54 CITY - ST - ZIP N. Bay Village, FL 33141
61 TITLE D Change Addition
62 NAME Darby Hayes
63 STREET ADDRESS 3201 Kirk St.
64 CITY - ST - ZIP Coconut Grove, FL 33133

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 110.07(3)(b), 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: *Caroline Gagnon* CAROLINE GAGNON 4-12-95 (605)358-2300
Signature and typed or printed name of signing officer or director Date (typed or printed)