

# 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 # **730455** (3)

1. Corporation Name

**PERFORMING ARTS FOR COMMUNITY & EDUCATION, INC.**



Principal Place of Business

**12390 N.E. 13TH PLACE  
N. MIAMI FL 33161  
US**

Mailing Address

**12390 N.E. 13TH PLACE  
N. MIAMI FL 33161  
US**

3. Date Incorporated or Qualified  
**08/16/1974**

3a. Date of Last Report  
**04/27/1995**

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SMITH, LARRY  
6121 S.W. 48TH CT  
DAVIE FL 33314~~

81 Name **SEROTTA, RICHARD**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1316 N.E. 105 ST., APT. 204**

83

84 City **MIAMI SHORES FL** 85 Zip Code **33138**

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

**RICHARD SEROTTA, EXECUTIVE DIRECTOR, 2/16/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PC**  
STREET ADDRESS **NELLY, PEREZ-RUDIO**  
CITY-ST-ZIP **540 E 38TH ST  
HIALEAH FL 33013**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P/T/O**  
1.3 STREET ADDRESS **GAGNON, CAROLINE**  
1.4 CITY-ST-ZIP **2555 N.E. 207 TERR.  
MIAMI, FL 33180**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **KAREN, STROUSE**  
CITY-ST-ZIP **2601 BARCELONA  
FT. LAUDERDALE FL 33301**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **C/O**  
2.3 STREET ADDRESS **PEREZ-RUBIO, NELLY**  
2.4 CITY-ST-ZIP **540 E. 38 ST.  
HIALEAH, FL 33013**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **GAGNON, CAROLINE**  
CITY-ST-ZIP **2555 NE 207 TERR  
MIAMI FL 33180**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **V/O**  
3.3 STREET ADDRESS **STROUSE, KAREN**  
3.4 CITY-ST-ZIP **2601 BARCELONA DR.  
FT. LAUDERDALE, FL 33301**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **CASBARRO, JOHN**  
CITY-ST-ZIP **5532 SW 114 AVE  
COOPER CITY FL 33330**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **V/O**  
4.3 STREET ADDRESS **BOOS, KEN**  
4.4 CITY-ST-ZIP **20817 S.W. 86 CT.  
MIAMI, FL 33189**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **SEROTTA, RICHARD**  
CITY-ST-ZIP **7920 E. DRIVE APT 23  
N.BAY VILLAGE FL 33141**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **S/O**  
5.3 STREET ADDRESS **CASBARRO, JOHN**  
5.4 CITY-ST-ZIP **5532 S.W. 114 AVE.  
COOPER CITY, FL 33330**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **HAYES, DARBY**  
CITY-ST-ZIP **3201 KIRK ST  
COCONUT GROVE FL 33133**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **800001765248**  
6.3 STREET ADDRESS **-04/01/96--01108--033**  
6.4 CITY-ST-ZIP **\*\*\*61.25**

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 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, 2-18-96 358-2300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)