

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90140 034 ****61.25

0033035

DOCUMENT # 730455

1. Corporation Name

PERFORMING ARTS FOR COMMUNITY & EDUCATION, INC.

4 6 8 3 7 1
460371 - 90140 - 34

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/16/1974

4. FEI Number

59-1553524

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SEROTTA, RICHARD
1316 N.E. 105 ST., APT. 204
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

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 PTD
NAME FERRAIUOLO, CAROLINE
STREET ADDRESS 2931 S.W. 87TH TERRACE., #1923
CITY-ST-ZIP DAVIE FL

TITLE C/D
NAME PEREZ-RUBIO, NELLY
STREET ADDRESS 540 E. 38 ST.
CITY-ST-ZIP HIALEAH FL 33013

TITLE S/D
NAME CASBARRO, JOHN
STREET ADDRESS 5532 SW 114 AVE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE V/D
NAME BOOS, KEN
STREET ADDRESS 20817 S.W. 86 CT.
CITY-ST-ZIP MIAMI FL 33189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD
1.2 NAME FERRAIUOLO, CAROLINE
1.3 STREET ADDRESS 2931 SW 87TH TERRACE, #1923
1.4 CITY-ST-ZIP DAVIE, FL 33328

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/D
3.2 NAME CASBARRO, JOHN
3.3 STREET ADDRESS 5532 SW 114 AVE.
3.4 CITY-ST-ZIP COOPER CITY, FL 33330

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE P/D
5.2 NAME GLAUBMAN, ROD
5.3 STREET ADDRESS 7538 S.W. 64th St.
5.4 CITY-ST-ZIP MIAMI, FL 33143

6.1 TITLE M
6.2 NAME SEROTTA, RICHARD
6.3 STREET ADDRESS 1316 N.E. 105 ST., APT. 204
6.4 CITY-ST-ZIP MIAMI SHORES, FL 33138

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:

CAROLINE FERRAIUOLO
SECRETARY/TREASURER 4-26-99 (305) 258-5885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)