FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738800 (2)

1. Corporation Name
ASSOCIATION OF CRITICS AND COMMENTATORS OF THE A RTS, INC.

Principal Place of Business	Mailing Address
1660 SW 31ST AVE MIAMI FL 33145	1660 SW 31ST AVE MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1977
3a. Date of Last Report: 07/28/1994
4. FEI Number: 59-1841463 ☐ 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
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

2. Principal Place of Business (21) (22) (23) (24) (25)
2a. Mailing Address (26) (27) (28) (29) (30)

9. Name and Address of Current Registered Agent

IVAN GUTIERREZ
1660 SW 31ST AVE
MIAMI FL 33145

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 607.0502 and 607.1608, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	IVAN GUTIERREZ	1.2 NAME	
STREET ADDRESS	1535 SW 11TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135-5311	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☐ Change ☐ Addition
NAME	PACHES, ELVIRA	2.2 NAME	
STREET ADDRESS	400 SW 19TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	ASELA TORRES	3.2 NAME	
STREET ADDRESS	1621 SW 14 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	☐ Change ☐ Addition
NAME	BODE, MARIA	4.2 NAME	
STREET ADDRESS	1660 S.W. 31 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DM	5.1 TITLE	☐ Change ☐ Addition
NAME	JOSE LUIS BAHAMONDE	5.2 NAME	
STREET ADDRESS	8600 SW 45 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	DS
TITLE	~~DS~~ DS	6.1 TITLE	☒ Change ☐ Addition
NAME	GONSUELO LINDNER	6.2 NAME	MANNY ALBELO
STREET ADDRESS	1575 EUCLID AVENUE #201	6.3 STREET ADDRESS	5665 SW 26 Ave
CITY-ST-ZIP	~~MIAMI BEACH FL 33139~~	6.4 CITY-ST-ZIP	Hialeah, FL. 33016

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)(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.

SIGNATURE: _____ 4/1/95 (305) 884-9617
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SUBMITTING~~ OFFICER OR DIRECTOR — Date — Daytime Phone #

0041841