

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **738800** (2)

1. Corporation Name

**ASSOCIATION OF CRITICS AND COMMENTATORS OF THE A
RTS, INC.**



Principal Place of Business

Mailing Address

~~1680 SW 31ST AVE
MIAMI FL 33145~~

~~1680 SW 31ST AVE
MIAMI FL 33145
US~~

3. Date Incorporated or Qualified
05/03/1977

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **1621 SW 14 Terrace**

26 **1621 SW 14 Terrace**

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

23 **Miami, FL**

28 **Miami, FL**

24 **33145**

25 **DADE**

29 **33145**

30 **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IVAN GUTIERREZ
1000 SW 31ST AVE
MIAMI FL 33145**

81 Name

IVAN GUTIERREZ

82 Street Address (P.O. Box Number is Not Acceptable)

1535 SW 11TH ST.

83

84 City

Miami

FL

85 Zip Code

33135

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **IVAN GUTIERREZ**
STREET ADDRESS **1535 SW 11TH ST.**
CITY - ST - ZIP **MIAMI FL 33135-5311**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DT** ☒ DELETE
NAME **PACHES, ELVIRA**
STREET ADDRESS **400 SW 19TH AVE**
CITY - ST - ZIP **MIAMI FL**

(DIED 6/01/96)

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **T MARIO MANUEL PEREZ**
2.3 STREET ADDRESS **6937 SW 115 Place**
2.4 CITY - ST - ZIP **Miami, FL. 33173**

TITLE **DV** ☐ DELETE
NAME **A SELA TORRES**
STREET ADDRESS **1621 SW 14 TERRACE**
CITY - ST - ZIP **MIAMI FL 33145**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **DC** ☐ DELETE
NAME **BODE, MARIA**
STREET ADDRESS **1680 S.W. 31 AVE**
CITY - ST - ZIP **MIAMI FL**

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

TITLE **DM** ☐ DELETE
NAME **JOSE LUIS BAHAMONDE**
STREET ADDRESS **8000 SW 45 STREET**
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **DM JOSE LUIS BAHAMONDE**
5.3 STREET ADDRESS **6937 SW 115 Place Unit A**
5.4 CITY - ST - ZIP **Miami, FL. 33173**

TITLE **SD** ☐ DELETE
NAME **ALBELO, MANNY**
STREET ADDRESS **5855 SW 26 AVE**
CITY - ST - ZIP **HALEAH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/96

(305) 854-8458

0007579

CR2E037 (3/96)