

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 ARTS, INC.**

Principal Place of Business Mailing Address  
**1621 SW 14 TERRACE** **1621 SW 14 TERRACE**  
**MIAMI FL 33145** **MIAMI FL 33145**  
**US** **US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified

05/03/1977

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUTIERREZ, IVAN**  
**1535 SW 11TH STREET**  
**MIAMI FL 33145**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **PEREZ, MARIO MANUEL**  
CITY-ST-ZIP **6937 SW 115 PLACE**  
**MIAMI FL**

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

TITLE ☐ DELETE  
NAME **DC**  
STREET ADDRESS **BODE, MARIA**  
CITY-ST-ZIP **1860 S.W. 31 AVE**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME **DM**  
STREET ADDRESS **BAHAMONDE, JOSE LUIS**  
CITY-ST-ZIP **6937 SW 115 PLACE UNIT A**  
**MIAMI FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **ALBELO, MANNY**  
CITY-ST-ZIP **5655 SW 26 AVE**  
**HALEAH FL**

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

1/28/98 (205)  
863-1187

CR2E037 (10/97)