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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 10:02

DOCUMENT # **753293** **(0)**

1. Corporation Name
THE BAKEHOUSE ART COMPLEX, INC.

Principal Place of Business	Mailing Address
561 N.W. 32ND ST. MIAMI FL 33127	561 N.W. 32ND ST. MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1980
3a. Date of Last Report: 07/25/1994
4. FEI Number: 59-2104864 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY
2665 S. BAYSHORE DR.
PENTHOUSE 1-A
MIAMI FL 33133

10. Name and Address of New Registered Agent

31 Name: GARY SIEGEL
32 Street Address (P.O. Box Number is Not Acceptable): 2000 PONCE DE LEON BLVD PH #2
33
34 City: CORAL GABLES FL 35 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Timothy R. Richards DATE: 3/27/95
(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	ARFEL, ROBERT	1.2 NAME		
STREET ADDRESS	400 AUTHRE GODFREY RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MIZRACH, LARRY	2.2 NAME		
STREET ADDRESS	5253 SW 71ST PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	VD	☐ Change ☑ Addition
NAME	GALFMAN, LYNNE	3.2 NAME	BURMAN, RANDY	
STREET ADDRESS	9401 SW 54TH CT.	3.3 STREET ADDRESS	HE 2.3, 133 S MA DEUCA AVE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	ESPINOSA, JUAN A.	4.2 NAME		
STREET ADDRESS	3430 SW 9TH ST., APT. 3	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D	☐ Change ☑ Addition
NAME		5.2 NAME	WALDBERG, JEAN	
STREET ADDRESS		5.3 STREET ADDRESS	11431 SW 111TH ST	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	GARY SIEGEL	
STREET ADDRESS		6.3 STREET ADDRESS	2000 PONCE DE LEON BLVD, PH #2	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	

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: GARY SIEGEL GARY SIEGEL 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GARY SIEGEL

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