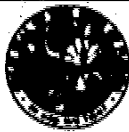


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

561 N.W. 32ND ST.
MIAMI FL 33127

Mailing Address

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. FBI 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, TIMOTHY
2685 S. BAYSHORE DR.
PENTHOUSE 1-A
MIAMI FL 33133

81 Name

GARY SIEGEL

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

2600 POWELL BL APT H #2

83

84 City

CELESTIAL

FL

85 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

[Signature]

(NOTE: Registered Agent signature required when registering)

3/27/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ARFEL, ROBERT
STREET ADDRESS	400 AUTHRE GODFREY RD.
CITY - ST - ZIP	MIAMI BCH. FL
TITLE	VD
NAME	MIZRACH, LARRY
STREET ADDRESS	5253 SW 71ST PLACE
CITY - ST - ZIP	MIAMI, FL 33181
TITLE	SD
NAME	GALFMAN, LYNNE
STREET ADDRESS	9401 SW 54TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	ESPINOSA, JUAN A.
STREET ADDRESS	3430 SW 9TH ST., APT. 3
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	VD BURMAN, RANDY
3.3 STREET ADDRESS	HE 23 1330 MADEIRA AVE
3.4 CITY - ST - ZIP	MIAMI, FL 33139
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	D WALDBERG, JEAN
5.3 STREET ADDRESS	10431 SW 111TH ST
5.4 CITY - ST - ZIP	MIAMI, FL 33176
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	GARY SIEGEL
6.3 STREET ADDRESS	2600 POWELL BL APT H #2
6.4 CITY - ST - ZIP	CELESTIAL, 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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY SIEGEL

2/7/95

(Signature / Name)

0041118