

**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
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JAN 31 AM 10:22

**DOCUMENT # 759684 (4)**

1. Corporation Name  
**THE NORTH MIAMI MUSEUM AND ART CENTER, INC.**

Principal Place of Business % 12340 N.E. 8TH AVE. NORTH MIAMI FL 33161	Mailing Address % 12340 N.E. 8TH AVE. NORTH MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>08/19/1981</b>	3a. Date of Last Report <b>01/31/1994</b>
4. FEI Number <b>59-2085261</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip Country	24. City & State Zip Country

9. Name and Address of Current Registered Agent

**COLODNY, LOU ANNE  
 12340 N.E. 8TH AVE.  
 N. MIAMI MUSEUM  
 NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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: Lou Anne Colodny (NOTE: Registered Agent signature required when reinstating)  
 DATE: Jan. 18, 1995

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>OAKLANDER, DR. J</b>
STREET ADDRESS	<b>838 N.W. 183RD ST.</b>
CITY-ST-ZIP	<b>N. MIAMI BCH. FL</b>
TITLE	<b>D</b>
NAME	<b>BERG, PAUL</b>
STREET ADDRESS	<b>5301 SW 60TH PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>BROOKS, NORMAN</b>
STREET ADDRESS	<b>1313 NE 125 ST.</b>
CITY-ST-ZIP	<b>N. MIAMI FL</b>
TITLE	<b>CD</b>
NAME	<b>SHACK, RICHARD</b>
STREET ADDRESS	<b>930 WASHINGTON AVE.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>IRELAND, NATALIE</b>
STREET ADDRESS	<b>11111 BISCAYNE BLVD</b>
CITY-ST-ZIP	<b>N MIAMI FL</b>
TITLE	<b>VD</b>
NAME	<b>NASH, CINDI</b>
STREET ADDRESS	<b>1433 W 22ND ST</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. J. Shue  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR