FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

1-31-96 B-0597 NC

DOCUMENT # **759684** **(4)**

1. Corporation Name

THE NORTH MIAMI MUSEUM AND ART CENTER, INC.

Principal Place of Business	Mailing Address
% 12340 N.E. 8TH AVE. NORTH MIAMI FL 33161	% 12340 N.E. 8TH AVE. NORTH MIAMI FL 33161

3. Date Incorporated or Qualified: **08/19/1981**

3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **59-2085261** ☐ 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

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 **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 Lou Anne Colodny 1/26/96
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	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OAKLANDER, DR. J		1.2 NAME	
STREET ADDRESS	838 N.W. 183RD ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BERG, PAUL		2.2 NAME	
STREET ADDRESS	5301 SW 60TH PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, NORMAN		3.2 NAME	
STREET ADDRESS	1313 NE 125 ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHACK, RICHARD		4.2 NAME	
STREET ADDRESS	930 WASHINGTON AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	IRELAND, NATALIE		5.2 NAME	
STREET ADDRESS	11111 BISCAYNE BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NASH, CINDI		6.2 NAME	
STREET ADDRESS	1433 W 22ND ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: X Richard Shack RICHARD SHACK CHAIRMAN/DIRECTOR 1/26/96 305 893 6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #