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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **759684** **(4)** 1/24/97

1. Corporation Name

~~THE NORTH MIAMI MUSEUM AND ART CENTER, INC.~~ NC
Museum of Contemporary Art, 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: **01/31/1996**

2. Principal Place of Business	2a. Mailing Address
21 770 NE 125th St.	26 770 NE 125th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 North Miami, FL	City & State 28 North Miami, FL
Zip / Country 24 33161-5654 / 25 USA	Zip / Country 29 33161-5654 / 30 USA

4. FEI Number: **59-2065261** ☐ 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: Bonnie Clearwater
82 Street Address (P.O. Box Number is Not Acceptable): 770 NE 125th St.
83
84 City: North Miami, FL **FL** 85 Zip Code: 33161

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] 1/24/97
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	C	☒ Change ☒ Addition
NAME	OAKLANDER, DR. J		1.2 NAME	Braman, Irma	
STREET ADDRESS	838 N.W. 183RD ST.		1.3 STREET ADDRESS	One Indian Creek Island	
CITY-ST-ZIP	N. MIAMI BCH. FL		1.4 CITY-ST-ZIP	Miami Beach, FL 33154	
TITLE		DELETE	2.1 TITLE	D	☒ Change ☒ Addition
NAME			2.2 NAME	Laurie Wynn c/o Paine Weber	
STREET ADDRESS			2.3 STREET ADDRESS	20803 Biscayne Blvd. #500	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☒ Addition
NAME	BROOKS, NORMAN		3.2 NAME	Jerry Chasen	
STREET ADDRESS	1313 NE 125 ST.		3.3 STREET ADDRESS	420 Lincoln Rd. #338	
CITY-ST-ZIP	N. MIAMI FL		3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	CD	☒ DELETE	4.1 TITLE	T/D	☒ Change ☒ Addition
NAME	SHACK, RICHARD		4.2 NAME	Loretta Fabricant	
STREET ADDRESS	930 WASHINGTON AVE.		4.3 STREET ADDRESS	100 SE 2nd St. #3910	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	Miami, FL 33131	
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	900002088449	☐ Change ☐ Addition
NAME	NASH, CINDI		6.2 NAME	-02/14/97--01079--036	
STREET ADDRESS	1433 W 22ND ST		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	MIAMI BCH FL		6.4 CITY-ST-ZIP		

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CR2E037 (9/96)

14. I do 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: [signature] 1/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078486