SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 15 1998 8:00am
Secretary of State

000645

DOCUMENT # 759684 (4)

1. Corporation Name

MUSEUM OF CONTEMPORARY ART, INC.

Principal Place of Business	Mailing Address
770 NE 125TH ST. NORTH MIAMI FL 33161-5654	770 NE 125TH ST. NORTH MIAMI FL 33161-5654

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

4. FEI Number: 59-2085261 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLEARWATER, BONNIE
770 NE 125TH ST.
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: [signature] 6/30/98
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAURIE, WYNN		1.2 NAME		
STREET ADDRESS	PAINE WEBER 20803 BISCAYNE BLVD. #500		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHASEN, JERRY		2.2 NAME		
STREET ADDRESS	420 LINCOLN RD. #338		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FABRICANT, LORETTA		3.2 NAME		
STREET ADDRESS	100 SE 2ND ST #3910		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IRELAND, NATALIE		4.2 NAME		
STREET ADDRESS	11111 BISCAYNE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRAMAN, IRMA		5.2 NAME		
STREET ADDRESS	ONE INDIAN CREEK ISLAND		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33154		5.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CLEARWATER, Bonnie		6.2 NAME		
STREET ADDRESS	770 NE 125th St.		6.3 STREET ADDRESS		
CITY-ST-ZIP	North Miami, FL 33161		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I 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: X [signature] 6/30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #