FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:14

DOCUMENT # 768770 (0)

1. Corporation Name
THEATRE ARTS LEAGUE, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX ~~141462~~ CORAL GABLES FL 33114	P.O. BOX ~~141462~~ CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2604852 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 140843	26 P.O.Box 140843
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Gables,FL	City & State 28 Coral Gables, FL
Zip / County 24 33114-0843 / 25	Zip / County 29 33114-0843 / 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTINEZ, GREG 110 MADEIRA CORAL GABLES FL 33134	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE PD	President	☒ Change ☐ Addition
NAME	FRYER, TISH	12 NAME	Theresa Rizzo	
STREET ADDRESS	8646 OLD CUTLER RD	13 STREET ADDRESS	19025 E. St. Andrews Drive	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	SD	21 TITLE VD	1st Vice President	☒ Change ☐ Addition
NAME	LEVELL, MARIE	22 NAME	Naomi Storob	
STREET ADDRESS	5990 SE 135 TERRACE	23 STREET ADDRESS	8203 S. W. 160 St.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33157	
TITLE	VD	31 TITLE VD	2nd Vice President	☒ Change ☐ Addition
NAME	ESTHER, SANDREW	32 NAME	Ingrid Nordh	
STREET ADDRESS	200 SE 15 RD 9-H	33 STREET ADDRESS	5521 Riviera Drive	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	CoralGables, FL 33146	
TITLE	VD	41 TITLE SD	Recording Secy.	☒ Change ☐ Addition
NAME	NORDH, INGRID	42 NAME	Joan Rindfuss	
STREET ADDRESS	5521 RIVIERA DR	43 STREET ADDRESS	15115 S. W. 89 Court	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	Miami, FL 33176	
TITLE	SD	51 TITLE TD	Treasurer	☒ Change ☐ Addition
NAME	ACKERLY, POLYANN	52 NAME	Bobbie Gilstrap	
STREET ADDRESS	700 BILTMORE WAY, 601	53 STREET ADDRESS	531 Santurce	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	Coral Gables, FL 33143	
TITLE	TD	61 TITLE SD	Corresponding Secy.	☒ Change ☐ Addition
NAME	STORUB, NAOMI	62 NAME	Connie Anegelo	
STREET ADDRESS	8203 SW 160 ST	63 STREET ADDRESS	P.O.Box 340303, Coral Gables, FL 33134	
CITY-ST-ZIP	MIAMI FL	64 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 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: Patricia W. Fryer PATRICIA W. FRYER (305) 665-8492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
4/18/95

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