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FILED

May 15 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 # N07097 (1)

1. Corporation Name

THE ARTISTS ASSOCIATION OF THE BAKEHOUSE ART COM
PLEX, INC.

Principal Place of Business

Mailing Address

561 N.W. 32ND ST.
MIAMI FL 33127

561 N.W. 32ND ST.
MIAMI FL 33127-3749



3. Date Incorporated or Qualified
01/11/1985

3a. Date of Last Report
08/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2104864

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

10. Name and Address of New Registered Agent

SIEGEL, GARY
7700 N KENDALL DRIVE
SUITE 610
MIAMI FL 33156

81 Name

Apfel, Robert

82 Street Address (P.O. Box Number is Not Acceptable)

400 Arthur Godfrey Rd

83

84 City

Miami Beach

FL

85 Zip Code

33140

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]

(NOTE: Registered Agent signature required when refiling)

DATE

4/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME APFEL, DR ROBERT
STREET ADDRESS 400 ARTHUR GODFREY ROAD
CITY-ST-ZIP MIAMI BEACH FL

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

33140

TITLE VD ☐ DELETE

NAME MIZRACHL, LARRY
STREET ADDRESS 18171 SW 27 STREET
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

500002193235
-05/28/97--01001--035
***8.75

TITLE VD ☐ DELETE

NAME PETEY, COX
STREET ADDRESS 8375 SCHOOLHOUSE ROAD
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD
Cox, Petey

TITLE TD ☒ DELETE

NAME ALMOVODAZ, JUAN ESPINOSA
STREET ADDRESS 3430 SW 84TH SR. APR 3
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
L. Frank Cordero
701 Brickell Avenue
Coral Gables FL 33134

TITLE D ☐ DELETE

NAME ALBRITTON, KAREN
STREET ADDRESS 8535 SW 102 PL
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

05/15

TITLE D ☐ DELETE

NAME ATASS, FAITH
STREET ADDRESS 2035 KEYSTONE BLVD
CITY-ST-ZIP NORTH MIAMI FL

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100002193231
-05/28/97--01001--034
***61.25 33181

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] SIGNATURE REQUIRED

4/23/97 (205) 538-3265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0026528

CR2E037 (9/96)