

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).

FILED
 Oct 07 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N08870 (0)

1. Corporation Name
 ALLIANCE FOR MEDIA ARTS, INC.



Principal Place of Business Mailing Address

827 LINCOLN ROAD #119 MIAMI BEACH FL 33139

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3. Date Incorporated or Qualified
 04/22/1985

4. FEI Number 59-2631139 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired \$8.75 Additional Fee Required

21 Suite, Apt. #, etc. #119 26 Suite, Apt. #, etc. #119

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State 27 City & State

7. Is this nonprofit corporation a homeowners' association? Yes No

23 Zip Country 28 Zip Country

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

10. Name and Address of New Registered Agent

PERWIN, JEAN S.
 25 SE 2ND AVE #823
 MIAMI FL 33131

JOANNE BUTCHER-ZBORNIK
 457 NE 24th St #4
 Miami, FL 33137

81 Name Joanne BUTCHER-ZBORNIK
 82 Street Address (P.O. Box Number is Not Acceptable) 457 NE 24th St #4
 83
 84 City Miami FL 85 Zip Code 33137

11. Pursuant to the provisions of sections 617.0502 and 617.1509, 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: *J. Perwin* (Signature, typed or printed name of registered agent and this applicant) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VELT, VICTOR W.	
STREET ADDRESS	7790 NW 13TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, MARILYN GOTTLIEB	
STREET ADDRESS	800 LENOX, #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHAUNCEY, DONALD	
STREET ADDRESS	6701 SW 67 CT.	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHELLEY, JAMES SCOTT	
STREET ADDRESS	800 LENOX, #1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOTSPEICH, BRAD	
STREET ADDRESS	800 LENOX AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chair Jerry Grifo	
1.3 STREET ADDRESS	686 NE 74th Street	
1.4 CITY-ST-ZIP	MIAMI, FL 33138	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dan Gelfand	
2.3 STREET ADDRESS	10100 NW 25th St	
2.4 CITY-ST-ZIP	MIAMI, FL 33172	
3.1 TITLE	D/T Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eulalia Mascort	
3.3 STREET ADDRESS	33-D Venetian Way #71	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOARD MEMBER Joanne Butcher-Zbornik	
4.3 STREET ADDRESS	457 NE 24th St, #4	
4.4 CITY-ST-ZIP	Miami, FL 33137	
5.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY LUFT	
5.3 STREET ADDRESS	842 NW 9th Ct	
5.4 CITY-ST-ZIP	MIAMI FL 33136	
6.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SALLY CUPP	
6.3 STREET ADDRESS	11855 NE 19th Ave #23	
6.4 CITY-ST-ZIP	North Miami, FL 33140	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *J. Perwin* (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 6/29/98 (205) 534-7771 (Daytime Phone)

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CR2E037 (5/98)