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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N08870

1. Corporation Name

ALLIANCE FOR MEDIA ARTS, INC.

Principal Place of Business

927 LINCOLN ROAD  
#119  
MIAMI BEACH FL 33139  
US

Mailing Address

927 LINCOLN ROAD  
#119  
MIAMI BEACH FL 33139  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/22/1985

4. FEI Number

59-2631139

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

9. Name and Address of Current Registered Agent

BUTCHER-ZBORNIAK, JOANNE  
457 NE 24TH ST #4  
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name JOANNE BUTCHER-ZBORNIAK  
82 Street Address (P.O. Box Number is Not Acceptable)  
600 NE 36th St, #1104  
83  
84 City MIAMI FL 85 Zip Code 33137

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME GRIFO, JERRY  
STREET ADDRESS 686 NE 74TH STREET  
CITY-ST-ZIP MIAMI FL 33138

☐ DELETE

TITLE S  
NAME GELFAND, DAN  
STREET ADDRESS 10100 NW 25TH ST  
CITY-ST-ZIP MIAMI FL 33172

☒ DELETE

TITLE DT  
NAME MASCORT, EULALIA  
STREET ADDRESS 33-D VENETIAN WAY #71  
CITY-ST-ZIP MIAMI BEACH FL 33139

☒ DELETE

TITLE D  
NAME BUTCHER-ZBORNIAK, JOANNE  
STREET ADDRESS 457 NE 24TH ST #4  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE T  
NAME LUFT, MARY  
STREET ADDRESS 842 NW 9TH CT  
CITY-ST-ZIP MIAMI FL 33136

☐ DELETE

TITLE T  
NAME CUPP, SALLY  
STREET ADDRESS 11855 NE 19TH DRIVE #23  
CITY-ST-ZIP NORHT MIAMI FL 33140

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98 (305) 534-7171

CR2E037 (11/98)