

**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

APPROVED  
AND  
FILED

95 APR -6 AM 6:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N12510 (6)**

1. Corporation Name

**LOUIS WOLFSON II MEDIA HISTORY CENTER, INC.**

Principal Place of Business

**MIAMI DADE PUBLIC LIBRARY  
101 WEST FLAGLER STREET  
MIAMI FL 33130**

Mailing Address

**MIAMI DADE PUBLIC LIBRARY  
101 WEST FLAGLER STREET  
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1985**

3a. Date of Last Report

**07/05/1994**

4. FEI Number

**59-2666628**

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**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                                   | STREET ADDRESS      | CITY - ST - ZIP |
|-------|----------------------------------------|---------------------|-----------------|
| P     | PELTON, MARGARET                       | 300 NE 2ND AVE      | MIAMI FL        |
| T     | BLOOD, ROBERT                          | 300 N.E. 2ND AVE.   | MIAMI FL        |
| D     | BROWN, WILLIAM                         | UNIVERSITY OF MIAMI | MIAMI FL        |
| D     | WOLFSON, LYNN                          | 5050 NORTH BAY ROAD | MIAMI BEACH FL  |
|       | See attached list for additional names |                     |                 |
|       |                                        |                     |                 |
|       |                                        |                     |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

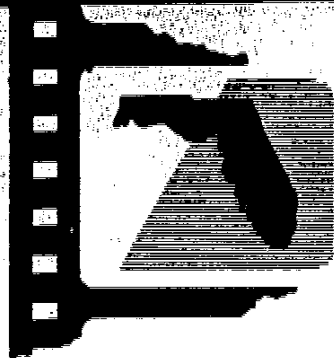
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------|----------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | Change | Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

*Margaret M. Pelton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-95 305-237-3138



N12510

# LOUIS WOLFSON III MEDIA HISTORY CENTER

A State of Florida designated moving image center and archive

## Executive Board

Joe Abrell *D*  
536 Hardee Road  
Coral Gables, FL 33146  
371-7000 442-3563 Fax

Tony Blank *D*  
National Brands, Inc.  
9350 South Dixie Hwy  
Su 900 Miami, FL 33156  
670-2277 670-2220 Fax

Robert Blood *T* ✓  
Vice-President  
MDCC District  
300 NE 2nd Ave  
Miami, FL 33132  
237-7470 237-7495 Fax

William Brown *D* ✓  
Archives and Special  
Collections  
University of Miami  
Otto Richter Library  
Box 248214  
Coral Gables, FL 33124  
284-3247 665-7352 Fax

Franz Capraro, CPA *D*  
Executive Vice President  
The Wolfson Initiative  
2399 NE 2nd Ave  
Miami, FL 33137  
573-0444 573-0409 Fax

Don Chauncey *S*  
Director of Film Dept  
Miami-Dade Public Library  
101 West Flagler St  
Miami, FL 33130  
375-5191 375-3048 Fax

Paul Cohen *D*  
10275 Collins Avenue  
Harbor House 1219-S  
Bal Harbour, FL 33154  
237-8193 237-1367 Fax

Sonny Craven *D*  
Associate Dean  
Film & Video  
MDCC North Campus  
11380 NW 27th Ave  
Miami, FL 33167  
237-1156 237-1367 Fax

Ray Fielding *D*  
Florida State University  
The Film School  
Tallahassee, FL 32306-  
2084  
904/644-8968

Paul George *D*  
1345 SW 14th Street  
Miami, FL 33145  
237-3723 237-3645 Fax

Cathy Leff *D*  
Wolfson Initiative  
2399 NE 2nd Ave  
Miami, FL 33137  
573-0444 573-0409 Fax

Dr. Margaret Pelton *P* ✓  
Vice Provost  
NWSA  
300 NE 2nd Ave  
Miami, FL 33132  
237-3138 231-3794 Fax

Mary Sommerville *D*  
Director  
Miami-Dade Public Library  
System  
101 West Flagler St  
Miami, FL 33130  
375-5026 375-5545 Fax

Louis Wolfson III *V*  
President  
Venture W Corporation  
9350 South Dixie  
Highway #900  
Miami, FL 33156  
670-2226 670-2212 Fax

Mrs. Lynn Wolfson *D* ✓  
5050 North Bay Road  
Miami Beach, FL 33140  
865-2805 868-5612 Fax