## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

N15965

101

1. Corporation Name												
THE MIAMI ARTISTS GUILD, INC.										( 188/1183 - 881 1188   611/8 18118 BAIRE BAIRE BAIR BARA BARA BARA BARA BARA BARA BARA		
								_				
Principal Plac	e of Business		Mailing Address							r en nienen dan binder Mirit inten Beteilt dets Glibte Befort Ander Bildt Eldir fiber		
C/O JILL H					C/O JILL HENNER							
7855 SW 106 CIRCLE MIAMI FL 33173						7855 SW 106 CIRCLE MIAMI FL 33173						
												3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal F	Place of Busin		2a. Mailing Address							07/21/1986 05/01/1995 4. FEI Number Lapplied For		
21	1430 01 00011			26							4. FEI Number Applied For S9-2765551 Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.							\$8.75 Additional		
22		27	27						<del></del>	Fee Required		
City & Sta	te	28	City & State							6. Election Campaign Financing \$5.00 May Be		
Zip						· · · · · · · · · · · · · · · · · · ·			Country			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,
24	25				29 30							Florida Statutes Yes X No
	9. Name	anc	Address of Curre	ent Reg	iste	ered Agent		_		_		10. Name and Address of New Registered Agent
LIFASLIF	<b>.</b>								81	י	Name	
HENNER, JILL 7855 SW 106 CIRCLE									82	Ι.	Street Addre	ess (P.O. Box Number is Not Acceptable)
						63	┞					
MIAMI FL 33173										L		
									64	(	City	FL 85 Zip Code
11. Pursuant	to the provisi	ions	of Sections 617.050	02 and €	617	.1508, Florida Statutes	, the	a	bove-r	nar	med corpora	ation submits this statement for the purpose of changing its registered office d of directors. I hereby accept the appointment as registered agent. I am
familiar w	rith, and acce	pt th	e obligations of, Se	ection 61	7.0	change was authorized 503, Florida Statutes.	лоу	II 16	e corp	ora	alion's board	d of directors. Finereby accept the appointment as registered agent. I am
SIGNATURE	Standhun tunod	00.000	Ned name of reality of on	Set as 410s		NOTE:			1 12 11			
12.	Signature, typed or printed name of registered agril  12. OFFICERS AN					Tand the if applicable (NOTE: Registered Agent signatur  ID DIRECTORS 13.					ignature recjuiraa t	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD				DELETE			1 1 TITLE				☐ Change ☐ Addition
NAME	7.51.11.155.11.01.55								1.2 NAME			
STREET ADDRESS						1.3			1.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP	MIAMI F	L						1.4 CITY - ST - ZIP		ZIP		
TITLE	DAILEY IACK				DELETE			21 TITLE				☐ Change ☐ Addition
NAME STREET NODGEGG										2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	4.41.4.4. P1					· · · · · · · · · · · · · · · · · · ·				2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE	D D								4 CHY-S 1 TITLE	šI-	ZIP	Change Addition
NAME	WEISS, P. JEANNINE					_			NAME			Crange
STREET ADDRESS	OF 17 CONTINUE CT 444 AVENUE								3 3 STREET ADDRESS		ORESS	
CITY-ST-ZIP	14414 51								34. CHY+ST-ZIP			
TITLE						DELETE	1		TITLE			☐ Change ☐ Addition
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CITY - ST - ZIP	CITY - ST - ZIP									4.4 CITY-ST-ZIP		
TITLE					DELETE			51 TITLE				☐ Change ☐ Addition
NAME							52 NAM					
STREET ADDRESS							5 3 STRE			ΑĎ	DRESS	
CITY-ST-ZIP										5.4 CITY-ST-ZIP		
TITLE									TITLE			☐ Change ☐ Addition
NAME	1								NAME			
STREET ADDRESS					6 3 STRE			ΑD	DRESS			

6.4 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 APIR 96 305/2-74-1216
Date Payme Prone +

CR2E037 (12/95)