

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

FILED

95 JUL 28 PM 1:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N35544 (8)

1. Corporation Name

ESPANOLA WAY ART CENTER, INC.

Principal Place of Business

Mailing Address

230 5TH ST
MIAMI BEACH FL 33139

230 5TH ST
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1989

3a. Date of Last Report
07/06/1994

4. FEI Number
NOT APPLICABLE

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)

\$68.75

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

ROBINS, CRAIG
800 WEST AVE
MIAMI BEACH FL 33139

81 Name

Robins, Craig

82 Street Address

230 5th Street

83

84 City

Miami Beach

FL

85 Zip Code

33139

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, if applicable

(NOTE: Registered Agent signature required when constituting)

7/7/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PSTD~~
ROBINS, CRAIG
800 WEST AVE, #945
MIAMI BEACH FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

PSTD

Robins, Craig

230 5th Street
Miami Beach, FL 33139

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Director

Gretenstein, Steven

230 5th St. N

Miami Beach, FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Director

Robins, Scott

230 Fifth Street

Miami Beach FL 33139

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 supplementary 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13. If changed, attach an attachment with an address.

SIGNATURE:

Steven Gretenstein

6/20/95

205-531-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type Name)