

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38694** (8)  
1. Corporation Name  
**THE CULTURAL COUNCIL, INC.**



Principal Place of Business <b>7740 S.W. 142ND STREET 6201 SW 70 ST., STE. 205 MIAMI FL 33158-1515 US</b>		Mailing Address <b>7740 S.W. 142ND STREET 6201 SW 70 ST., STE 205 MIAMI FL 33158-1515 US</b>		3. Date Incorporated or Qualified <b>06/18/1990</b>
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>65-0299541</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent <b>BUCHMANN, YOLLY 7740 S.W. 142ND STREET STE. 205 MIAMI FL 33158</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHMANN, YOLLY</b>	1.2 NAME	
STREET ADDRESS	<b>7740 SW 142ND ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	DIV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALANCY, FRED</b>	2.2 NAME	<b>JARVIS, LYNN</b>
STREET ADDRESS	<b>19425 SW 98 AVENUE</b>	2.3 STREET ADDRESS	<b>9116 S.W. 159 TERR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEIDHART, LOIS</b>	3.2 NAME	
STREET ADDRESS	<b>15800 SW 79TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITING, MICKEY</b>	4.2 NAME	<b>GREEN, CYNTHIA</b>
STREET ADDRESS	<b>13250 SW 71 STREET</b>	4.3 STREET ADDRESS	<b>7615 S.W. 102 PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARVIS, LYNN</b>	5.2 NAME	<b>COLLINS, CHARLES</b>
STREET ADDRESS	<b>9116 SW 159 TERR</b>	5.3 STREET ADDRESS	<b>17122 S.W. 78 PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>BELL-ALEXANDER, DARLENE</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>14250 MADISON STREET</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>

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.

SIGNATURE: *Yolly Buchmann* February 24, 1998 305-238-1811

CP2E037 (10/97)