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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N41551

(5)

PERFORMING ARTS CENTER FOUNDATION OF GREATER MIA MI. INC.

	<b>.</b>				21 fill Bill 3381 110H 112J 116H 218H 18H
Principal Place	of Business	Mailing Address			ON 1989 BYON BOOK SEEN BYON BIRN DID HE WORLD
1500 NORTH	I BAYSHORE DR	1500 NORTH BAYSHO	ORF DR		
MIAMI FL 33132		-SUITE-127			
U\$		MIAMI FL 33132 US		Date Incorporated or Qualified	3a. Date of Last Report
		03		12/28/1990	02/27/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0420871	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Ch. 6 Ch.		27 N/A		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zφ	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for Elorida Statutes	intangible tax under s. 199.032, ☑ Yes 🏗 No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	
			81 Name		
BLEIWE	is, Phyllis		82 Street Add	ncy Herstand Ireas (P.O. Box Number is Not Acceptab	No.
1500 NO	orth Bayshore dr.		150	00 North Bayshore	Drive
Miami F	L 33132		83		
			84 City		as Zo Code
	-1		" M-	iami	FL 85 Zip Code 33132
<ol> <li>Pursuant for register</li> </ol>	the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	tes, the above-named corpo	pration submits this statement for the pur	pose of changing its registered office
or register	the analyses and the obligations of Const	tion 617.0503. Florida Statutes	Nancy	ard of directors. Thereby accept the appo Herstand	ointment as registered agent. I am
familiar wi	infand eccept the obligations of Sto	4	Nancy		
signature	Lauch Werey	w	Evoqut	ivo Director	1/23/96
SIGNATURE (	Skyriature, bypas gyfirintiid ymar of registered agunt	t and the Lappit alike (NG	Execut OTE Rigistered Agent signature respon-	ive Director	1/23/96
SIGNATURE (	Skyrature, typest grylensest may of regulered au ni OFFICERS AN	Fanction Familiania: (NC ID DIRECTORS	Execut DIE Ang stered Agnit signature require 13.	ivo Director	DATE ICE RS AND DIRECTORS IN 12
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SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sherwood M. Weiser, Chairman

1/29/96

(305) 445-4220

Date

Daytinie Phone #

A 188 (1881 Bill Billist fille) Gielle Gille tiete bille Billie Gibit Gibit Billie Billie Bille finer im be