

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41551 (5)**

1. Corporation Name

PERFORMING ARTS CENTER FOUNDATION OF GREATER MIA MI, INC.



Principal Place of Business

Mailing Address

1500 NORTH BAYSHORE DR
MIAMI FL 33132
US

1500 NORTH BAYSHORE DR.
~~SUITE 407~~
MIAMI FL 33132
US

3. Date Incorporated or Qualified

12/28/1990

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

N/A

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BLEIWEIS, PHYLLIS
1500 NORTH BAYSHORE DR.
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

Nancy Herstand

82 Street Address (P.O. Box Number is Not Acceptable)

1500 North Bayshore Drive

83

84 City

Miami

FL

85

Zip Code

33132

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

Nancy Herstand

Nancy Herstand
Executive Director

1/23/96

Signature, typed or printed name of registered agent and the filer, alike.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVC	<input type="checkbox"/> DELETE
NAME	KORN, RONALD J.	
STREET ADDRESS	622 BANYAN TRAIL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEVITT, RHODA	
STREET ADDRESS	3519 BAYSHORE VILLAS DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	WEISER, SHERWOOD M.	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ESSERMAN, RONALD	
STREET ADDRESS	16601 SOUTH DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, ROBERT F JR.	
STREET ADDRESS	701 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

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

1/29/96

(305) 445-4220

Date Daytime Phone #

CR2E037 (12/95)