

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90025 039 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41551

1. Corporation Name

PERFORMING ARTS CENTER FOUNDATION OF GREATER MIA MI, INC.

Principal Place of Business

1500 NORTH BAYSHORE DR
 MIAMI FL 33132
 US

Mailing Address

1500 NORTH BAYSHORE DR.
 MIAMI FL 33132
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/28/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0420871

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERSTAND, NANCY
 1500 NORTH BAYSHORE DRIVE
 MIAMI FL 33132

81 Name

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

83

84 City

FL

85 Zip Code

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, Executive Director

June 30, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVC	<input type="checkbox"/> DELETE
NAME	PALOMARES, CARLOS	
STREET ADDRESS	ONE COURT SQAURE 40TH FL	
CITY-ST-ZIP	LONG ISLAND CITY NY 11120	
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	10455 NW 12TH ST	
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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 to this report, with all other like empowered.

(305) 477-4001

SIGNATURE:

SIGNATURE REQUIRED

Ronald Esserman June 30, 1999

Date

Daytime Phone #

CR2E037 (5/99)

0003548