

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N44566 (0)  
1. Corporation Name  
PERFORMING ARTS CENTER TRUST, INC.



Principal Place of Business	Mailing Address
C/O METRO DADE CULTURAL AFFAIRS COUNCIL 111 NW 1 STREET # 625 MIAMI FL 33128 US	C/O METRO DADE CULTURAL AFFAIRS COUNCIL 111 NW 1 STREET # 625 MIAMI FL 33128-1976 US

3. Date Incorporated or Qualified 08/06/1991	3a. Date of Last Report 06/10/1996
4. FEI Number 65-0353695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**THOMSON, PARKER D.**  
111 N.W. 1ST STREET  
SUITE 625  
MIAMI FL 33128

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  
**FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, PARKER D	
STREET ADDRESS	1 S.E. 3RD AVENUE, SUITE #1700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HERRON, JAMES	
STREET ADDRESS	111 N.W. 1ST. ST. #625	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NICHOLS, FLORENE	
STREET ADDRESS	111 N.W. 1ST. ST. #625	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, DAVID	
STREET ADDRESS	111 N.W. 1ST. ST. #625	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, GEORGIANA	
STREET ADDRESS	111 N.W. 1ST ST., #625	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOZIER CORNELIA	
STREET ADDRESS	111 N.W. 1ST. ST. #625	
CITY-ST-ZIP	MIAMI, FL. 33128	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomson
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AL Cardenas
5.3 STREET ADDRESS	111 NW 1st St. #625
5.4 CITY-ST-ZIP	MIAMI, FL 33128
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 do 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ H-22-97 (305) 350-7200

CR2E037 (9/96)