


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



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

|   |   |
|---|---|
| 3. Date Incorporated or Qualified<br><b>08/06/1991</b>  |   |
| 4. FEI Number<br><b>65-0353695</b>  | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><b>\$8.75 Additional Fee Required</b>                           |   |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><b>\$5.00 May Be Added to Fees</b>     |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   |

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

**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<br><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<br><b>PD</b>                                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>THOMSON, PARKER</b>                          |                                 | 1.2 NAME  |  |
| STREET ADDRESS<br><b>1 S.E. 3RD AVENUE, SUITE #1700</b> |                                 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                          |                                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>VPD</b>                                     | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>HERRON, JAMES</b>                            |                                 | 2.2 NAME  |  |
| STREET ADDRESS<br><b>111 N.W. 1ST. ST. #625</b>         |                                 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>MIAMI, FL. 33128</b>                  |                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>VPD</b>                                     | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>NICHOLS, FLORENE</b>                         |                                 | 3.2 NAME  |  |
| STREET ADDRESS<br><b>111 N.W. 1ST. ST. #625</b>         |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>MIAMI, FL. 33128</b>                  |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>TD</b>                                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>WILSON, DAVID</b>                            |                                 | 4.2 NAME  | <b>Laura de Ona</b>  |
| STREET ADDRESS<br><b>111 N.W. 1ST. ST. #625</b>         |                                 | 4.3 STREET ADDRESS                                    | <b>111 NW 1 ST. #625</b>   |
| CITY-ST-ZIP<br><b>MIAMI, FL. 33128</b>                  |                                 | 4.4 CITY-ST-ZIP                                       | <b>Miami, FL 33128</b>   |
| TITLE<br><b>ATD</b>                                     | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>CARDENAS, AL</b>                             |                                 | 5.2 NAME  |  |
| STREET ADDRESS<br><b>111 NW 1ST ST #625</b>             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                          |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>SD</b>                                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>DOZIER CORNELIA</b>                          |                                 | 6.2 NAME  | <b>I. Stanley Levine</b>   |
| STREET ADDRESS<br><b>111 N.W. 1ST. ST. #625</b>         |                                 | 6.3 STREET ADDRESS                                    | <b>111 NW 1 ST. #625</b>   |
| CITY-ST-ZIP<br><b>MIAMI, FL. 33128</b>                  |                                 | 6.4 CITY-ST-ZIP                                       | <b>Miami, FL 33128</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: *[Signature]* **3-12-98** (305)350-7281

CF2E037 (10/97)