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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44566
 1. Corporation Name
PERFORMING ARTS CENTER TRUST, INC.

Principal Place of Business C/O METRO DADE CULTURAL AFFAIRS COUNCIL 111 NW 1 STREET # 625 MIAMI FL 33128 US	Mailing Address 1700 AMERIFIRST BLDG.. ONE S.E. THIRD AVE. MIAMI FL 33131
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2. Principal Place of Business 21	2a. Mailing Address 26 111 NW 1 Street	3. Date Incorporated or Qualified 08/06/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #625	4. FEI Number 65-0353695
City & State 23	City & State 28 Miami, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 33128	Country 30 USA

9. Name and Address of Current Registered Agent THOMSON, PARKER D. 1700 AMERIFIRST BLDG. ONE SOUTHEAST THIRD AVE. MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name SAME c/o Miami-Dade Cultural Affairs Council 82 Street Address (P.O. Box Number is Not Acceptable) 111 NW 1 Street, #625 83 84 City Miami FL 85 Zip Code 33128
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMSON, PARKER 1 S.E. 3RD AVENUE, SUITE #1700 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERRON, JAMES 111 N.W. 1ST. ST. #625 MIAMI, FL 33128	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICHOLS, FLORENE 111 N.W. 1ST. ST. #625 MIAMI, FL 33128	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE ONA, LAURA 111 NW 1ST ST. #625 MIAMI, FL 33128	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD CARDENAS, AL 111 NW 1ST ST #625 MIAMI FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	David Wilson - Treasurer 111 NW 1 Street, #625 Miami, FL 33128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, I. STANLEY 111 NW 1ST ST. #625 MIAMI, FL 33128	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Parker D. Thomson* **REQUIRED** 3/4/99 305-30-720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)