FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:18

DOCUMENT # **N45529** **(7)**

1. Corporation Name
MIAMI STORYTELLERS GUILD, INC.

Principal Place of Business	Mailing Address
5101 SW 65TH AVE MIAMI FL 33155	5101 SW 65TH AVE MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1991
3a. Date of Last Report: 03/28/1994
4. FEI Number: 65-0289262 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

PFEIFFER, JOHN W.
7150 SW 128TH ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: LINDA SPITZER
82 Street Address (P.O. Box Number is Not Acceptable): 5101 SW 65 AVE
83
84 City: MIAMI FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Linda Spitzer — LINDA SPITZER — 2/21/95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	SPITZER, LINDA	12 NAME	
STREET ADDRESS	5101 SW 65TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33	14 CITY-ST-ZIP	33155
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	AYVAR, CARRIE S.	22 NAME	
STREET ADDRESS	1929 NE 173RD ST	23 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	24 CITY-ST-ZIP	33162
TITLE	DST	31 TITLE	DST ☒ Change ☐ Addition
NAME	PFEIFFER, JOHN W.	32 NAME	[redacted] GREENE, JIM
STREET ADDRESS	7150 SW 128TH ST	33 STREET ADDRESS	10011 SW 13 TERR
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LIPINSKY, HELAINE	42 NAME	
STREET ADDRESS	4850 RONDA ST	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	33146
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, ROSA	52 NAME	
STREET ADDRESS	12206 SW 119TH TERR	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	33186
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Linda Spitzer — LINDA SPITZER — 2/21/95 — 665-8429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043181