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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45529** (7)
1. Corporation Name
MIAMI STORYTELLERS GUILD, INC.



Principal Place of Business 5101 SW 85TH AVE MIAMI FL 33155	Mailing Address 5101 SW 65TH AVE MIAMI FL 33155
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/07/1991	4. FEI Number 65-0289262	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**SPITZER, LINDA
5101 SW 65 AVE
MIAMI FL 33155**

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

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 *Linda Spitzer* DATE **4/23/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PFEIFFER, JOHN 9450 SW 77 AVE APT. Q-2 MIAMI FL 33156	1.1 TITLE	P President
NAME		1.2 NAME	Jim Gregory
STREET ADDRESS		1.3 STREET ADDRESS	960 ne 90th st
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	DV AYVAR, CARRIE S. 1929 NE 173RD ST N MIAMI BEACH FL	2.1 TITLE	VP Vice President
NAME		2.2 NAME	Pat Gregory
STREET ADDRESS		2.3 STREET ADDRESS	960 NE 90th St
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	DST GREENE, JIM 10011 SW 13 TERR MIAMI FL	3.1 TITLE	S Secretary
NAME		3.2 NAME	Helen Alspaugh
STREET ADDRESS		3.3 STREET ADDRESS	9935 SW 196th ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	D LIPINSKY, HELAINE 4850 RONDA ST CORAL GABLES FL	4.1 TITLE	T Treasurer
NAME		4.2 NAME	Linda Spitzer
STREET ADDRESS		4.3 STREET ADDRESS	5101 SW 65 Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	D DOUGLASS, ROSA 12208 SW 119TH TERR MIAMI FL	5.1 TITLE	D Director
NAME		5.2 NAME	Judy Gail Hagman
STREET ADDRESS		5.3 STREET ADDRESS	13411 SW 112 Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	D PFEIFFER, JOHN 9450 SW 77th AVE Q-2 MIAMI FL	6.1 TITLE	D Director
NAME		6.2 NAME	Lillian Pipkin-Galdo
STREET ADDRESS		6.3 STREET ADDRESS	6770 N Waterway Dr
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33155

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: *Linda Spitzer* LINDA SPITZER 4/23/98 305-665-8429

CR2E037 (10/97)