

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N47124 (5)**

1. Corporation Name

**CORAL GABLES INTERNATIONAL FESTIVAL OF CRAFT ART  
S, INCORPORATED**



Principal Place of Business

Mailing Address

2100 SALZEDO STREET  
303  
CORAL GABLES FL 33134  
US

2100 SALZEDO STREET  
303  
CORAL GABLES FL 33134  
US

3. Date Incorporated or Qualified  
**01/31/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**65-0309842**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

22

27

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWENSTEIN, PAT  
2100 SALZEDO STREET, SUITE 303  
SUITE 3000  
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

**SUITE 303**

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES	<input checked="" type="checkbox"/> DELETE
NAME	LOWENSTEIN, PAT	
STREET ADDRESS	9130 S DADELAND BLVD #1400	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BECK, ROCHELLE	
STREET ADDRESS	7311 NW 12TH STREET #5	
CITY - ST - ZIP	MIAMI FL	
TITLE	SEC	<input type="checkbox"/> DELETE
NAME	RAQUEL, RAMIS HICKEY	
STREET ADDRESS	3001 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HEARNZ, ALEXANDER	
STREET ADDRESS	3600 N.W. 82ND AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	LOWENSTEIN, PAT	
STREET ADDRESS	2100 SALZEDO STREET SUITE 303	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWENSTEIN, ELLIOT	
STREET ADDRESS	2100 SALZEDO STREET SUITE 303	
CITY - ST - ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNN VAN TIENHOVEN	
1.3 STREET ADDRESS	1360 S. DIXIE HIGHWAY	
1.4 CITY - ST - ZIP	CORAL GABLES, FL 33146	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIM ANANIADIAS	
2.3 STREET ADDRESS	50 ALHAMBRA PLAZA	
2.4 CITY - ST - ZIP	CORAL GABLES, FL 33134	
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	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIRTHA GUERRA AGUIRRE	
4.3 STREET ADDRESS	1000 BRICKELL AVENUE SUITE 642	
4.4 CITY - ST - ZIP	MIAMI, FL 33131	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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:

PAT LOWENSTEIN

4/22/96

(305) 445-9973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)