


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48346** (3)
1. Corporation Name
AMERICAS ART FOR LIFE, INC.



Principal Place of Business 1001 SOUTH BAYSHORE DR. SUITE 2506 MIAMI FL 33131	Mailing Address 1001 SOUTH BAYSHORE DR. SUITE 2506 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 404 Washington Ave Suite, Apt. #, etc. 22 SUITE 600 City & State 23 MIAMI BEACH FL Zip 24 33139 Country 25 USA	2a. Mailing Address 26 404 Washington Ave Suite, Apt. #, etc. 27 SUITE 600 City & State 28 MIAMI BEACH FL Zip 29 33139 Country 30 USA	3. Date Incorporated or Qualified 04/14/1992	3a. Date of Last Report 02/20/1996	4. FEI Number 65-0325855	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 1600
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 D	<input type="checkbox"/> DELETE	1.1 TITLE X Change <input type="checkbox"/> Addition	
NAME BACKUS, ROBERTA		1.2 NAME	
STREET ADDRESS 1001 S.BAYSHORE DR.#2506		1.3 STREET ADDRESS 404 WASHINGTON AVE SUITE 600	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE X Change <input type="checkbox"/> Addition	
NAME TURNER, LAWRENCE O. JR.		2.2 NAME	
STREET ADDRESS 1001 S.BAYSHORE DR.#2506		2.3 STREET ADDRESS 404 WASHINGTON AVE SUITE 600	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE X Change <input type="checkbox"/> Addition	
NAME GALLWEY, WILLIAM J.		3.2 NAME	
STREET ADDRESS 201 S.BISCAYNE BLVD#1500		3.3 STREET ADDRESS 200 SE FIRST ST, 11TH FL	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 REQUIRED _____

CR2E037 (4/97)