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Apr 24 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 # **N48346** (3)

1. Corporation Name

AMERICAS ART FOR LIFE, INC.

Principal Place of Business

Mailing Address

**404 WASHINGTON AVE
SUITE 600
MIAMI BCH FL 33139
US**

**404 WASHINGTON AVE
SUITE 600
MIAMI BCH FL 33139
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/14/1992

4. FEI Number

65-0325855

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**CORPORATION COMPANY OF MIAMI, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 1800
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
LAWRENCE O. TURNER JR.

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

404 WASHINGTON AVE

83 SUITE 600

84 City
MIAMI BEACH

FL

85 Zip Code
33139

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 *Lawrence O. Turner Jr.* Director 1/12/98 305-673-9800
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BACKUS, ROBERTA**
STREET ADDRESS **404 WASHINGTON AVE SUITE 600**
CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☐ DELETE
NAME **D TURNER, LAWRENCE O. JR.**
STREET ADDRESS **404 WASHINGTON AVE SUITE 600**
CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☐ DELETE
NAME **D GALLWEY, WILLIAM J.**
STREET ADDRESS **200 SE FIRST ST 11TH FL**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Lawrence O. Turner Jr.

1/12/98 305-673-9800

CR2E037 (10/97)