

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90003 034 \*\*\*\*61.25

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**DOCUMENT # N93000003454**

1. Corporation Name

**SOUTH BEACH FILM FESTIVAL, INC.**

Principal Place of Business

924 LINCOLN ROAD  
SUITE 103  
MIAMI BEACH FL 33141

Mailing Address

924 LINCOLN ROAD  
SUITE 103  
MIAMI BEACH FL 33141



2. Principal Place of Business

21 **1521 Alton Road**

Suite, Apt. #, etc.

22 **#47**

City & State

23 **Miami Beach FL**

Zip

24 **33139**

Country

25 **USA**

2a. Mailing Address

26 **1521 Alton Road**

Suite, Apt. #, etc.

27 **#47**

City & State

28 **Miami Beach FL**

Zip

29 **33139**

Country

30 **USA**

3. Date Incorporated or Qualified

**07/30/1993**

4. FEI Number

**65-0428840**

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

9. Name and Address of Current Registered Agent

**SCHEFTER, ANDREW**  
**7601 E. TREASURE DR.**  
**PHI-11**  
**MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name

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

83

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 ☐ DELETE

TITLE **PD**  
NAME **SCHEFTER, ANDREW**  
STREET ADDRESS **7601 E. TREASURE DR., PHI-11**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **TD** ☐ DELETE

NAME **OSTERTAG, ERIKA**  
STREET ADDRESS **7601 E. TREASURE DR., PHI-11**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VPD** ☐ DELETE

NAME **MILLS, ROBERT**  
STREET ADDRESS **1147 VENETIA AVENUE**  
CITY-ST-ZIP **CORAL GABLES 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 ☐ Change ☒ Addition

1.1 TITLE **VD**  
1.2 NAME **Debra Snyder**  
1.3 STREET ADDRESS **1420 Pennsylvania #402**  
1.4 CITY-ST-ZIP **Miami Beach FL 33139**

2.1 TITLE **SD** ☐ Change ☒ Addition

2.2 NAME **Bronwyn Mills**  
2.3 STREET ADDRESS **1147 Venetia Avenue**  
2.4 CITY-ST-ZIP **Coral Gables, FL 33134**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)