


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 28, 1999 8:00 am**  
**Secretary of State**

06-28-1999 90004 004 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000000678</b>					
1. Corporation Name <b>SIERRA ART &amp; FELLOWSHIP FUND, INC.</b>					
Principal Place of Business <b>924 LINCOLN ROAD SUITE 202 MIAMI BEACH FL 33139 US</b>			Mailing Address <b>924 LINCOLN ROAD SUITE 202 MIAMI BEACH FL 33139 US</b>		
2. Principal Place of Business <b>21 1560 MERIDIAN AVE.</b>		2a. Mailing Address <b>26 P.O. BOX 398092</b>		3. Date Incorporated or Qualified <b>02/04/1994</b>	
Suite, Apt. #, etc. <b>22 APT. # 110</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0481258</b>	
City & State <b>23 MIAMI BEACH FL</b>		City & State <b>28 MIAMI BEACH FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33139</b>		Country <b>25 DADE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>DORSCH, BROOK A 2157 SW 13TH AVE MIAMI FL 33145</b>		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 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	PD	<input type="checkbox"/> DELETE			
NAME	DORSCH, BROOK A				
STREET ADDRESS	2157 SW 13TH AVE				
CITY-ST-ZIP	MIAMI FL 33145				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	HAYAT, ZAFFAR				
STREET ADDRESS	6855 SOUTH RED ROAD, SUITE 400				
CITY-ST-ZIP	CORAL GABLES FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	ERDIE, VIRGINIA				
STREET ADDRESS	2035 WASHINGTON AVENUE, #202				
CITY-ST-ZIP	MIAMI BEACH FL 33139				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add			
4.2 NAME		<b>SIERRA, ENRIQUE</b>			
4.3 STREET ADDRESS		<b>1560 MERIDIAN AVE. APT # 110</b>			
4.4 CITY-ST-ZIP		<b>MIAMI BEACH FL. 33139</b>			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



SIGNATURE:

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

6/24/99

Date

305-673-6383

Daytime Phone #