FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000678

1. Corporation Name

SIERRA ART & FELLOWSHIP FUND, INC.

FILED
Jun 28, 1999 8:00 am
Secretary of State
06-28-1999 90004 004 ****61.25

L								
Principal Place of Business Mailing			Mailing Address	ling Address				
l	924 LINCOLN R	ROAD	924 LINCOLN ROAD					
SUITE 202 MIAMI BEACH FL 33139			SUITE 202 MIAMI BEACH FL 33139					
ļ	US	12 30103	US					
þ		ace of Business	2a. Mailing Address			Date Incorporated or Qualifed		
2	II 1560	MERIDIAN AVE.	26 P.O. BOX:39	18 O	<u>42</u>	02/04/1994	 	
Ĺ	Suite, Apt. #		Suite, Apt. #, etc.			4. FEI Number 65-0481258		plied For
2	2 NPT.#		27			0070401200	\$8.75 A	t Applica
ŀ	City & State	I BEACH FL	City & State BRACA	7 25	aous	5. Certifcate of Status Desired	Fee Re	
2	Zip	Country	1-1 - 1	Country	<u> </u>	6 Flection Compaign Financing	\$5.00	Mav Be
١,	<u> </u>		29 33239-8093	D	ADE		Added to	-
f	•	9. Name and Address of Current				10. Name and Address of New Register	ed Agent	
r		,		81	Name			
	DORSCH,	BROOK A		82 Street Addre		ress (P.O. Box Number is Not Acceptable)		
	2157 SW 1							
	MIAMI FL			83				
١				84	City		85 Zip C	Code
L			1047 4700 51 11 01 11 01					registere
l	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 re 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 regis							
İ	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 D				13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
t	TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Add
Į	NAME	DORSCH, BROOK A		1.2 NAME				
Ī	STREET ADDRESS	2157 SW 13TH AVE		1.3 STREET	ADORESS			
Ĺ	CITY-ST-ZIP	MAMI FL 33145		1.4 CITY-S	r-ZIP			
	TITLE	SD	☐ DELETE				Change	☐ Add
l	NAME	HAYAT, ZAFFAR		22 NAME	}			
İ	STREET ADDRESS	6855 SOUTH RED ROAD, SUITE	400	2.3 STREET	ADDRESS			
Ļ	CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-S	T-ZIP		☐ Change	
	TITLE	TD	☐ DELETE	3.1 TITLE	ļ		□ Change	□ ~00
	NAME	ERDIE, VIRGINIA		3.2 NAME				
Ì	STREET ADDRESS	2035 WASHINGTON AVENUE, #		3.3 STREET ADDRESS				
F	CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4. CITY-ST-ZIP		7	☐ Change	TZIAdd
	TITLE		□ pereic	4.1 TITLE	-	CIRAGO ENRIQUE		
	NAME			4. Z NAME		SIERRA ENRIQUE 1560 MERIDIAN AVE. APT	# 110	
ļ	STREET ADDRESS				ADDRESS	MINNI BEACH FL. 3313	G.	
-	CITY-ST-ZIP	☐ DELETE		4.4 CITY-ST-ZIP MY		MINAL BENCH TE. 3313	Change	Add
	TITLE			5.2 NAME				
1	NAME			5.3 STREET	ADDRESS			
1	STREET ADDRESS		•	5.4 City-ST-ZIP				
f	CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Add
	NAME		<u></u>	6.2 NAME	ļ			
Į	STREET ADDRESS			6.3 STREET	ADDRESS			
1	CITY-ST-ZIP]	6.4 CITY-S	1			
-	U111-51-21P							

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:

INCHES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/99

305-673-63 83

Daytime Phone #