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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 AUG -7 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N94000001140 (2)

1. Corporation Name

LUBIN'S MUSEUM OF CARRIBEAN ART, INC.

Principal Place of Business

Mailing Address

7816 N.E. 2ND AVENUE
MIAMI FL 33138

7816 N.E. 2ND AVENUE
MIAMI FL 33138

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, ROBERT B
7816 N.E. 2ND AVENUE
MIAMI FL 33138

81 Name

MICHEL LUBIN

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

7816 NE 2 AVE

83

84 City

MIAMI

FL

85 Zip Code

33138

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 the provisions of Section 617.0502, Florida Statutes.

SIGNATURE

[Signature]

MICHEL LUBIN

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME LUBIN, MICHAEL
STREET ADDRESS 7816 N.E. 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33138

TITLE VPD
NAME ST. PREUX, EUSEE
STREET ADDRESS 7816 N.E. 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33138

TITLE SD
NAME ST. PREUX, ESTHER
STREET ADDRESS 7816 N.E. 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

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[Signature]
80796

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Esther St. Preux* ESTHER ST-PREUX 05-02-96 (305) 758-0396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E037 (12/95)