SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

N95000001157 (5)

GROUP OF ASSOCIATED THEATRE ARTISTS, OF SOUTH FL

Principal Place of Business	ORID/	A, INC.												
### 1.33145 MAMI FL 33145 Submand FL 33145 Su	Principal Place of Business Mailing Address							MAIN BOWN BEAU						
Principal Place of Business 2a. Melling Address 4.FET Number 4.5 FET Number 5.5 Certificate of Status Desired 58.75 Additional Fee Required 52 Certificate of Status Desired 58.75 Additional Fee Required 52 Certificate of Status Desired 58.75 Additional Fee Required 52 Certificate of Status Desired 58.75 Additional Fee Required 56. Secretic Campaign Financing 5.00 May Per 5.6 Certificate of Status Desired 58.75 Additional Fee Required 56. Secretic Campaign Financing 5.00 May Per 5.00 May P														
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City & State 28		#, etc.		27	Suite, Apt. I	t, etc.				5. Certificate of Status Desired				
23		•			City & State				· · · · · ·	6. Election Campaign Financing			<u> </u>	
28				28						. •	<u> </u>			
CASANOVA, MARIA J 1840 SW 29TH AVE MAMI FL 33145 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 agent, or both, in the State of Florida Subtules the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Subtules 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 Subtules the above-named corporation's board of directors. I hereby accept the appointment as registered agent and time registered by the corporation's board of directors. I hereby accept the appointment as registered agent agent in a familiar with a national with an advantagent agent agen	· ·			<u> </u>	Ζιp		ר '	¥						
CASANOVA, MARIA J 1840 SW 29TH AVE MAMI FL 33145 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes the above-named corporation submits this statement for the purpose of changing its registered open, 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 open, the familiar with, and accept the obligations of, Section 617 0503, Florids Statutes. SIGNATURE Signature the provision of Sections 617 0502 and 617 1508. Florids Statutes the objective of the corporation's board of directors. I hereby accept the appointment as registered open, the familiar with, and accept the obligations of, Section 617 0503, Florids Statutes. SIGNATURE Signature the provision of Sections 617 0502 and 617 0503, Florids Statutes. SIGNATURE Signature the provision of Sections 617 0502 and 617 0503, Florids Statutes. Policy the corporation's board of directors. I hereby accept the appointment as registered open appointment as registered open appointment as registered appointment as registered open appointment as registered appointment as regi	24	A 11			A d A	30	<u> </u>							
CASANOVA, MARIA J 1840 SW 29TH AVE MIAMI FL 33145 4 City FL 85 Zip Code 5 Zip Co		9. Name	and Address of Curre	nt Hegis	tered Agent		91	LN	0000	10. Name and Address of New Re	istered Agei	<u> </u>		
114. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes the above named corporation submits this statement for the purpose of changing its 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, 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, 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, or hereby accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature bytes or previous name of impreved agent end feet if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE D OFFICERS AND DIRECTORS 1.3 ITILE CASANOVA, MARIA J 1.2 ITILE CASANOVA, MARIA J 1.2 ITILE D OFFICERS AND DIRECTORS 1.3 INFRET ADDRESS 1.4 CITY-51-2P IMAMI FL 33145 1.4 CITY-51-2P IMAMI FL 33145 1.5 INFRET ADDRESS 620 ISW 49TH STREET 2.5 SIRRET ADDRESS 620 ISW 49TH STREET 2.5 SIRRET ADDRESS 620 ISW 49TH STREET 3.5 SIRRET ADDRESS 620 ISW 49TH AVE, APT 101 3.5 SIRRET ADDRESS 620 ISW 37TH AVE, APT 101 3.5 SIRRET ADDRESS 620 ISW 37TH AVE, APT 101 3.5 SIRRET ADDRESS 620 ISW 37TH AVE, APT 101 5.7 ADDRESS 620 ISW 37TH AVE, APT 101 6.7 Change Addition MARE 5.7 ADDRESS 5.7 SIRRET ADDRESS 5.7 SI	04044		M				"	'`	ame					
MAMI FL 33145 Maximum FL Maximum FL Maximum						82	Si	reet Addres	ss (P.O. Box Number is Not Acceptab	e)				
TILE D			AE				83	1						
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 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, 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 and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature hybrid or protect name of registered agent and life if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE D D DELETE 2.1 TITLE D D DELETE 2.1 TITLE D Change Addition WARE ANGULO, EUGENNO 6201 SW 49TH STREET 2.3 STREET ADDRESS CITY-ST-2P MIAMI FL 33155 2.4 CITY-ST-2P MIAMI FL 33155 2.4 CITY-ST-2P MIAMI FL 33155 3.2 MANE STREET ADDRESS STREET ADDRESS CITY-ST-2P MIAMI FL 33155 DELETE D DELETE 4 1 TITLE D Change Addition MARE NOGUERA, GRISELDA 3.2 MANE STREET ADDRESS CITY-ST-2P MIAMI FL 33155 DELETE DELETE 4 1 TITLE D Change Addition Change Addition MARE STREET ADDRESS CITY-ST-2P MIAMI FL 33155 CHANGES STREET ADDRESS STREET ADDRESS CITY-ST-2P MIAMI FL 33155 DELETE DELETE 4 1 TITLE D Change Addition Change Addition MARE STREET ADDRESS CITY-ST-2P TITLE DELETE 4 1 TITLE DELETE Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change	***************************************						-	 			- 1-			
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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE							84		ity		FL ^B	5 Zip (Jode .	
Signature lybed or protect agent and the if applicable (NOTE-Requesed Agent separature required when reinstating) DATE	11. Pursuant t office or re agent. I ar	to the provis egistered ag m familiar w	ions of Sections 617.05 ent, or both, in the Stat ith, and accept the obli	02 and 6 e of Florid pations of	17.1508, Flor la. Such char , Section 617	ida Statutes, i nge was autho .0503, Florida	the above orized by Statutes	e-nar the	ned corpora corporation	ation submits this statement for the pu 's board of directors. I hereby accept	rpose of char the appointm	ging its ent as re	registered gistered	
12.														
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