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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90081 045 \*\*\*\*\*61.25

DOCUMENT # N95000001157

1. Corporation Name

GROUP OF ASSOCIATED THEATRE ARTISTS, OF SOUTH FL  
ORIDA, INC.

Principal Place of Business

1840 SW 29TH AVE  
MIAMI FL 33145

Mailing Address

1840 SW 29TH AVE  
MIAMI FL 33145



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/09/1995

4. FEI Number

65-0601044

5. Certificate of Status Desired

6. Election Campaign Financing  
Trust Fund Contribution

Applied For

Not Applicable

\$8.75 Additional  
Fees Required

\$5.00 May Be  
Added to Fees

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

CASANOVA, MARIA J  
1840 SW 29TH AVE  
MIAMI 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 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 D [ ] DELETE

NAME CASANOVA, MARIA J  
STREET ADDRESS 1840 SW 29TH AVE  
CITY-ST-ZIP MIAMI FL 33145

TITLE D [ ] DELETE

NAME ANGULO, EUGENIO  
STREET ADDRESS 6201 SW 49TH STREET  
CITY-ST-ZIP MIAMI FL 33155

TITLE D [ ] DELETE

NAME NOGUERA, GRISELDA  
STREET ADDRESS 820 NW 87TH AVE, APT 101  
CITY-ST-ZIP MIAMI FL 33155

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

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

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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: MARIA J. CASANOVA

1-20-1999 305-443-4729

CR2E037 (1/98)