

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000006024 (2)

1. Corporation Name

THE ARTS PARTNERSHIP, INC.



Principal Place of Business

5600 COLLINS AVE.
#15E
MIAMI BEACH FL 33140

Mailing Address

5600 COLLINS AVE.
#15E
MIAMI BEACH FL 33140

2. Principal Place of Business

21 1680 MICHIGAN AVE

Suite, Apt. #, etc.

22 SUITE 918

City & State

23 MIAMI BEACH FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 1680 MICHIGAN AVE

Suite, Apt. #, etc.

27 SUITE 918

City & State

28 MIAMI BEACH FL

Zip

29 33139

Country

30 USA

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

12/31/95

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

PINE, RONALD

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

1680 MICHIGAN AVENUE

83

SUITE 918

84

MIAMI BEACH

FL

85 Zip Code

33139

PINE, RONALD
5600 COLLINS AVE.
#15E
MIAMI BEACH FL 33140

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 PINE, RONALD
STREET ADDRESS 5600 COLLINS AVE. #15E
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☒ DELETE

NAME LITT, JUDY
STREET ADDRESS 5600 COLLINS AVE. #15E
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ DELETE

NAME FELDMAN, LESLIE
STREET ADDRESS 1330 CAMMELIA CIRCLE
CITY-ST-ZIP FT. LAUDERDALE FL 33326

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 ☒ Change ☐ Addition

1.2 NAME PINE, RONALD

1.3 STREET ADDRESS 1680 MICHIGAN AVENUE (SUITE 918)

1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME KURT, KAREN

2.3 STREET ADDRESS 1220 88150 AVENUE

2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Ronald Pine RONALD PINE

4/27/96

Date

305 532-3994

Daytime Phone #

CR2E037 (12/95)