2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N99000002543 1. Entity Name 04-07-2004 90010 010 ****61.25 MIAMI BEACH ARTS TRUST, INC. Principal Place of Business Mailing Address HARVEY J. BURSTEIN 1775 WASHINGTON AVENUE, PENTHOUSE TWO 1775 WASHINGTON AVENUE, PENTHOUSE TWO MIAMI BEACH FL 33139-7544 HARVEY J. BURSTEIN 1775 WASHINGTON AVENUE, PENTHOUSE TWO MIAMI BEACH FL 33139-7544 94045891 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0944084 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURSTEIN, HARVEY J Street Address (P.O. Box Number is Not Acceptable) 1775 WASHINGTON AVENUE PENTHOUSE TWO MIAMI BEACH FL 33139-7544 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE ☐ Change ☐ Addition BURSTEIN, HARVEY J NAME NAME 1775 WASHINGTON AVE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Secretary Change Addition ABRAMSON, BOGER Julie Brooks 353 W. 47th St, PH-H NAME NAME 6450 COLLINS AVE #202_ STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CfTY-ST-ZIP CITY-ST-ZIF MiAMI BEACH THILE TITLE ☐ Change ☐ Addition ☐ Delete LIEBMAN, NANCY NAME NAME 16 ISLAND AVE #7C STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33138 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if or on an attachment with ar address, with all other like empowered.

CITY - ST- ZIP

SIGNATURE AND TYPED OR DENTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURÉ:

FILED