

**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 # N08065 (7)**  
1. Corporation Name  
**BALLET THEATRE OF MIAMI, INC.**



Principal Place of Business Mailing Address  
**% TONY CATANZARO**  
**1809 PONCE DE LEON BLVD**  
**CORAL GABLES FL 33134**

3. Date Incorporated or Qualified **03/08/1985** 3a. Date of Last Report **02/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2548705</b>	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Zip		Country			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CATANZARO, TONY</b> <b>1809 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL 33134</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATANZARO, TONY</b>	1.2 NAME	
STREET ADDRESS	<b>1809 PONCE DE LEON</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSENBERG, JANE</b>	2.2 NAME	<b>BILLIE KIRPICH</b>
STREET ADDRESS	<b>11405 S.W. 102 CT.</b>	2.3 STREET ADDRESS	<b>20 ISLAND AVE. #1418</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33139</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KANTOR, LOIS</b>	3.2 NAME	<b>LANA STERN</b>
STREET ADDRESS	<b>625 BILTMORE WAY</b>	3.3 STREET ADDRESS	<b>7600 S.W. 81 AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	<b>Miami, FL. 33143</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ-HAQ, YVETTE</b>	4.2 NAME	
STREET ADDRESS	<b>3111 CARDENA, #2</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATANZARO, LIZETTE P</b>	5.2 NAME	<b>400001798984</b>
STREET ADDRESS	<b>1809 PONCE DE LEON</b>	5.3 STREET ADDRESS	<b>-04/29/96 --01072--017</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILBERT, SANDRA</b>	6.2 NAME	
STREET ADDRESS	<b>22 W. SAN MARINO DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	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: Tony Catanzaro **TONY CATANZARO** **4/9/96** (305) 442-4840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
NS 4/28/96

CR2E037 (12/95)