

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711639** (5)

Corporation Name

**BALLET CONCERTO COMPANY OF MIAMI, INC.**



Principal Place of Business <b>4180 S.W. 74 COURT MIAMI FL 33155</b>	Mailing Address <b>4180 S.W. 74 COURT MIAMI FL 33155</b>
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<b>21</b> Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	<b>2a</b> Mailing Address Suite, Apt. #, etc. City & State Zip Country
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**3.** Date Incorporated or Qualified  
**10/18/1966**

**4.** FEI Number  
**23-7375977**

**5.** Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6.** Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**7.** Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

<b>9. Name and Address of Current Registered Agent</b>  <b>SUAREZ, CARMEN G 4180 S.W. 74 COURT MIAMI FL 33155</b>	
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<b>10. Name and Address of New Registered Agent</b>	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**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

<b>12. OFFICERS AND DIRECTORS</b>	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MIRANDA DIAZ, MEKCI
STREET ADDRESS	4180 S.W. 74 COURT
CITY-ST-ZIP	MIAMI FL 33155
TITLE	D <input type="checkbox"/> DELETE
NAME	DIAZ, SONIA
STREET ADDRESS	3170 SW 19TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CORA, ADRIANA
STREET ADDRESS	3380 CRYSTAL COURT
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PERNAS, ANTONIO
STREET ADDRESS	4180 S.W. 74 COURT
CITY-ST-ZIP	MIAMI FL 33155
TITLE	D <input type="checkbox"/> DELETE
NAME	DEL PINO, MARTHA
STREET ADDRESS	3410 CORAL WAY
CITY-ST-ZIP	MIAMI FL
TITLE	M <input type="checkbox"/> DELETE
NAME	SUAREZ, CARMEN G
STREET ADDRESS	4180 S.W. 74 COURT
CITY-ST-ZIP	MIAMI FL 33155

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**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.

SIGNATURE:

*Carmen G. Suarez*

4-3-98 (305) 266-0082

CR2E037 (10/97)