

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 731445 (3)

1. Corporation Name
THE MIAMI BALLET, INC.



Principal Place of Business: 5818 S.W. 73RD STREET SOUTH MIAMI FL 33143
Mailing Address: 5818 S.W. 73RD STREET SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified: 12/20/1974
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-6163957
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 5818 SW 73rd St. South Miami, FL 33143
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33143
25 Country: USA
2a. Mailing Address: 26 5818 SW 73rd St. South Miami, FL 33143
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33143
30 Country: USA

9. Name and Address of Current Registered Agent: ARMOUR, THOMAS 520 GRAND CONCOURSE MIAMI SHORES FL 33138
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: V, NAME: NOLIN, MRS. WAYNE, STREET ADDRESS: 6100 S.W. 106TH ST. MIAMI FL, CITY-ST-ZIP: MIAMI FL
TITLE: D, NAME: PIKE, MR ROBERT E, STREET ADDRESS: 276 N.E. 116 STREET MIAMI, FL 00000, CITY-ST-ZIP: MIAMI, FL 00000
TITLE: D, NAME: ARMOUR, THOMAS, STREET ADDRESS: 520 GRAND CONCOURSE MIAMI SHORES, FL 00000, CITY-ST-ZIP: MIAMI SHORES, FL 00000
TITLE: SD, NAME: TURNER, MRS JACK, STREET ADDRESS: 420 SUNSET DR CORAL GABLES, FL 00000, CITY-ST-ZIP: CORAL GABLES, FL 00000
TITLE: PD, NAME: WRIGHT, LAURA K., STREET ADDRESS: 5898 SW 96TH ST MIAMI, FL 00000, CITY-ST-ZIP: MIAMI, FL 00000
TITLE: T, NAME: GALT, MRS. ROBERT, STREET ADDRESS: 530 MILLER RD. CORAL GABLES FL, CITY-ST-ZIP: CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Acting President, 12 NAME: NOLIN, MRS. WAYNE, 13 STREET ADDRESS: 6100 SW 106th St Miami, FL., 14 CITY-ST-ZIP: MIAMI, FL., Change Addition
21 TITLE: Change Addition
22 NAME: Change Addition
23 STREET ADDRESS: Change Addition
24 CITY-ST-ZIP: Change Addition
31 TITLE: Change Addition
32 NAME: Change Addition
33 STREET ADDRESS: Change Addition
34 CITY-ST-ZIP: Change Addition
41 TITLE: Change Addition
42 NAME: Change Addition
43 STREET ADDRESS: Change Addition
44 CITY-ST-ZIP: Change Addition
51 TITLE: Immediate Past President, 52 NAME: WRIGHT, LAURA K., 53 STREET ADDRESS: 5898 SW 96th St. MIAMI, FL 00000, 54 CITY-ST-ZIP: MIAMI, FL 00000, Change Addition
61 TITLE: Change Addition
62 NAME: Change Addition
63 STREET ADDRESS: Change Addition
64 CITY-ST-ZIP: Change Addition

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: Robert E. Pike ROBERT E. PIKE 3/8/96 305-667-5485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)