FILE NOW: FILING FEE \$ \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

305)667-5985

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731445

(3)

THE MIAMI BALLET, INC.

Principal Place	e of Business	Mailing	Address								
5818 SW 73RD STREET 5818 S.W. 73RD STREET SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143-5				210							
							3. Date incorporated or Qualified 3a. Date of Last Report 03/13/1996				
2. Principal P	lace of Business	<del> </del> -	2a. Mailing Address				4. FEI Number 59-6163957	Applied For Not Applicable			
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8		dditional	
City & State	0	27	City & State					F		quired	
23		28	28				6. Election Campaign Financing Trust Fund Contribution Added to Fees				
Zip	Country Zip 29 30				8. This corporation has liability for in nglt Florida Statutes Yes			· •			
24	9. Name and Address of Curr						10. Name and Address of New Registered Agent				
					61	Name					
ARMOUR, THOMAS					82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
520 GRA MIAMI SI			63								
,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					84	City		85	Zip C	ode	
44.5					لــــلــ			FL	•	•	
office or r	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	te of Florida. S	uch change was	authoriz	ed by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chang t the appointme	jing its Int as i	registered registered	
SIGNATURE											
40	Signature typed or printed name of registered					nt signature requ	ired when reinstating)	DATE -	-TAB	0.111.10	
12.	AP	ND DIRECTOR	DELETE	13	· TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		S IN 12 Addition	
NAME	NOLIN, MRS. WAYNE		_ bettit					·	Milyc	L ADDITION	
STREET ADDRESS	A.A.A. A.A. A.A.T.I.A.A.T.				1.2 NAME 1.3 STREET ADDRESS						
City-ST-Zip										J	
TITLE	MIAMI FL 33/5%				CITY-S TITLE	1.71		□ CI	ianne	Addition	
NAME	PIKE, MR ROBERT E		2.2 NAME								
STREET ADDRESS	276 N.F. 116 STREET		29			ADDRESS				ļ	
CITY-ST-ZIP	MIAMI, FL 00000 33/	61			CITY-S						
TITLE	D		☐ DELETE		TITLE			☐ CH	iange	Addition	
NAME	ARMOUR, THOMAS			3.2	NAME						
STREET ADDRESS	<b>520 GRAND CONCOURSE</b>			3.3	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI SHORES, FL 00000	33138		3.4.	CITY-S	T- <b>Z</b> IP					
TITLE	SD		☐ DELETE	4,1	TITLE			☐ Cr	ange	Addition	
NAME	TURNER, MRS JACK			4. 2	NAME						
STREET ADDRESS	420 SUNSET DR			4.3	STREET	ADDRESS					
CITY - ST - ZIP	CORAL GABLES, FL 00000 33143			4.4	4.4 CITY-ST-ZIP						
TITLE	PP DELETE 5.1		TITLE			☐ CF	ange	Addition			
NAME	WRIGHT, LAURA K.		5.2	5.2 NAME							
STREET ADDRESS	5898 SW 96TH ST		5.3	5.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 00000 33/56			_	CITY-ST-ZIP						
TITLE			DELETE		TITLE			☐ CH	ange	☐ Addition	
NAME					NAME		-				
STREET ADDRESS						ADDRESS					
CITY_CT. 2ID				6.4	čitv. či	t tin I					

14. I do 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.