AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REDISTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS **Secretary of State** 07-27-1999 90027 026 \*\*\*150.00

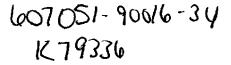
FILED

Jul 27, 1999 8:00 am

1999 DOCUMENT # K79336

CHOREOGRAPHIC INSTITUT	E OF	BALLE I.	INC.
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Principal Place of Business Mailing Address 6620 SW 51 TER 6620 SW 51 TER WEST MIAMI FL 33155 WEST MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/05/1989 2. Principal Place of Business Applied For 4. FEI Number 2a. Mailing Address 21 8672 SW 877# Not Applicable 6620 SW 65-0197911 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. \_ ... 5: Certificate of Status Desired: ~ Fee Required 27 \$5.00 May Be 8. Election Campaign Financing City & State City & State SO. MIAMI Trust Fund Contribution Added to Fees MIAM Country 8. This corporation owes the current year Zio Yes ΰŚΔ Intangible Personal Property. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WINTER, LOUIS ESO Street Address (P.O. Box Number is Not Acceptable) 616 SW 12TH AVE MIAMI FL 33130 83 **B4** City Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when re-Signature, typed or printed name of registered agent and life if applicable. CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE 1.1 TITLE TITLE SOTO, ISIS D. 1.2 NAME NAME 6620 SW 51 TER 1.3 STREET ADDRESS STREET ADDRESS WEST MIAM! FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 21 TITLE 2 TITLE DELETE FERRER, HADA 2.2 NAME NAME 6620 SW 51 TER 2.3 STREET ADDRESS STREET ADDRESS WEST MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE DELETE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-6T-ZIP CITY-ST-ZIP Change Addition 4.1 TITLE DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP Change Addition 5.1 TITLE TITLE OELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change \_\_\_ Addition TITLE DELETE 6.2 NAME NAME **6.3 STREET ADDRESS** 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 copolition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address. SIGNATURE:





## CHOREOGRAPHIC INSTITUTE OF BALLET, INC.

Ballet • Jazz • Adult Ballet • Cymnastics

AUGUST 10, 1999

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500

SUBJECT: CHOREOGRAPHIC INSTITUTE OF BALLET, INC.

REF. NUMBER: K79336

ANNUAL REPORTS SECTION

PLEASE BE ADVICED THAT THE REASON WE PAID AFTER RECEIVED THE  $2^{ND}$  NOTICE OF THE ANNUAL REPORT WAS DUE TO THE FACT THAT WE DID NOT RECEIVE THE  $1^{ST}$  NOTICE.

WE RESPECTFULLY REQUEST A WAIVER OF THE LATE FEE (\$400,00) BE GRANTED FOR THE ABOVE MENTIONED REASON.

THANKS IN ADVANCE.

TSIS D. SOTO DIRECTOR