



07271999-90027-026-\$150.00-\$150.00

19.

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90027 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K79336 1. Corporation Name CHOREOGRAPHIC INSTITUTE OF BALLET, INC.					
Principal Place of Business 6620 SW 51 TER WEST MIAMI FL 33155			Mailing Address 6620 SW 51 TER WEST MIAMI FL 33155		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 2672 SW 87TH AVE Suite, Apt. #, etc.					
2a. Mailing Address 26 6620 SW 51 TER Suite, Apt. #, etc.					
3. Date incorporated or Qualified 04/05/1989					
4. FEI Number 65-0197911					
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent WINTER, LOUIS ESO 616 SW 12TH AVE MIAMI FL 33130			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE D <input type="checkbox"/> DELETE NAME SOTO, ISIS D. STREET ADDRESS 6620 SW 51 TER CITY-ST-ZIP WEST MIAMI FL					
TITLE D <input type="checkbox"/> DELETE NAME FERRER, HADA STREET ADDRESS 6620 SW 51 TER CITY-ST-ZIP WEST MIAMI FL					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.					
SIGNATURE:  6-17-1999 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)



CHOREOGRAPHIC INSTITUTE OF BALLET, INC.

Ballet • Jazz • Adult Ballet • Gymnastics

607051-9006-34
K79336

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 ADVISED THAT THE REASON WE PAID AFTER RECEIVED THE 2ND NOTICE OF THE ANNUAL REPORT WAS DUE TO THE FACT THAT WE DID NOT RECEIVE THE 1ST NOTICE.

WE RESPECTFULLY REQUEST A WAIVER OF THE LATE FEE (\$400.00) BE GRANTED FOR THE ABOVE MENTIONED REASON.

THANKS IN ADVANCE.


ISIS D. SOTO
DIRECTOR