FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

MIAMI REPERTORY THEATER, INC.

FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			4 HOURANY HIS ANDING SUSEL BURKA FORMA NICHT AND GLOSE GUBLE OTARI MEDIT JAMI		
11240 S W 95TH ST MAM FL 33176-8164		11240 S W 95TH ST Miami FL 33176-8164					
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	THOUNDE	
					08/02/1984		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	I A	oplied For
21		26			59-2444199	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	_ 60 7 E	Additional	
22		27		Certificate of Status Desired	Fee R	equired	
City & State	•	City & State			6. Election Campaign Financing		May Be
Zip	Country	28	T		Trust Fund Contribution	7,7444	to Fees
	Country	Zip	<u> </u>		8. This corporation owes or has paid the		
9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. No 10. Name and Address of New Registered Agent				
DC:		M Nogistaraa Again	81	Name	To. Maine and Address of New Regist	ered Agent	
	NNETT, HOWARD			- NOTICE			
11240 S.W. 95TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
, 144	LM EL 99170		83	·	***************************************		
MILE	WII FL 33176		~				
			84	City		FL 85 Zip	Code
11. Pursuant t	a the provisions of Sections 607.05	02 and 607 1508 Florida Statute	ne the show	a pamad car	poration submits this statement for the purp		
office or re	egistered agent, or both, in the Stat	e of Florida Such change was a	uthorized by	the corpora	position's board of directors. I hereby accept th	e appointment as	registered
	n familiar with, and accept the obli-	gations of, Section 607,0505, Flo	orida Statutes	S .			•
SIGNATURE .	Signature, typed or printed name of registered a	MOTE transfer of anning the property and the transfer of the t	F. Benistered Ans	of signature reco	vired when reinstating)	ATE	
12.		ND DIRECTORS	13.	K SUPPLICATION	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PTD	DELETE	1.1 TITLE			Change	Addition
NAME	BENNETT, HOWARD		12 NAME				
STREET ADDRESS	11240 S.W. 95TH STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-71P			
TITLE	VS	DELETE	2.1 TITLE			☐ Change	Addition
NAME	BENNETT, JONATHAN		2.2 NAME				
STREET ADDRESS	14321 SW 88TH ST #F206		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - 5	IT-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE	· 	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
14. I hereby co	ertify that the information supplied to this annual report or supplement	with this filling does not qualify for	r the exempt	ion stated in	Section 119.07(3)(i), Florida Statutes. I furthure shall have the same legal effect as if made	ner certify that the	Information
Officer or a	erector of the corporation or the rec	eiver or trustee empowered to e	execute this r	eport as req	uired by Chapter 607, Florida Statutes; and	that my name ap	n ann arri Dearsin
BIOCK 12 0	r Block 13 if changed, or on an atta	acriment with an address.					

SIGNATURE:

305.595.8123