FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M23655** **(7)**

1. Corporation Name

DANCER'S POINT, INC.

Principal Place of Business	Mailing Address
2255 S.W. 32 AVENUE #204 MIAMI FL 33145	2255 S.W. 32 AVENUE #204 MIAMI FL 33145

3. Date Incorporated or Qualified: **11/21/1985**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 13158 S.W. 90th PL.
Suite, Apt. #, etc. 27
City & State 28 MIAMI, FL
Zip 29 33176 Country 30 Dade

4. FEI Number: **59-2675593** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CARUNCHO, GERRI
9335 S.W. 77TH AVE.
SUITE 151
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Gerri Caruncho
82 Street Address (P.O. Box Number is Not Acceptable): 13158 S.W. 90th PLACE
83
84 City: MIAMI **FL** 85 Zip Code: 33176

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CARUNCHO, GERRI M.	
STREET ADDRESS	9335 S.W. 77TH AVE., #151	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	☐ DELETE
NAME	BARRERAS, ZORAIDA	
STREET ADDRESS	4730 N.W. 102 AVE., #202	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	TORRES, LUCIA	
STREET ADDRESS	4730 N.W. 102 AVE., #202	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerri Caruncho Director 6/29/96 (305) 254-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GERRI M. CARUNCHO