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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08065

(7)

1. Corporation Name

BALLET THEATRE OF MIAMI, INC.



Principal Place of Business

Mailing Address

% TONY CATANZARO
1809 PONCE DE LEON BLVD
CORAL GABLES FL 33134

% TONY CATANZARO
1809 PONCE DE LEON BLVD
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/08/1985

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATANZARO, TONY
1809 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CATANZARO, TONY
STREET ADDRESS 1809 PONCE DE LEON
CITY-ST-ZIP CORAL GABLES FL 33134

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME ROSENBERG, JANE
STREET ADDRESS 11405 S.W. 102 CT.
CITY-ST-ZIP MIAMI FL 33176

2.2 NAME BILLIE KIRPICH
2.3 STREET ADDRESS 20 ISLAND AVE. #1418
2.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME KANTOR, LOIS
STREET ADDRESS 625 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

3.2 NAME LANA STERN
3.3 STREET ADDRESS 7600 S.W. 81 AVE
3.4 CITY-ST-ZIP MIAMI, FL. 33143

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME PEREZ-HAQ, YVETTE
STREET ADDRESS 3111 CARDENA, #2
CITY-ST-ZIP CORAL GABLES FL 33134

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME CATANZARO, LIZETTE P
STREET ADDRESS 1809 PONCE DE LEON
CITY-ST-ZIP CORAL GABLES FL 33134

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
400001798984
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TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME GILBERT, SANDRA
STREET ADDRESS 22 W. SAN MARINO DR.
CITY-ST-ZIP MIAMI BEACH FL 33139

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: Tony Catanzaro TONY CATANZARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (305) 442-4840

15 4/28/96

CR2E037 (12/95)