


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 17 1998 8:00am⁸
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10200** (6)

1. Corporation Name

MARY STREET DANCE THEATRE, INC.

Principal Place of Business

Mailing Address

% KYLE R SAXON
1700 ALFRED I DUPONT BLDG
MIAMI FL 33131

% KYLE R SAXON
1700 ALFRED I DUPONT BLDG
MIAMI FL 33131

3. Date Incorporated or Qualified

07/15/1985

4. FEI Number

59-2637074

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SAXON, KYLE R
1700 ALFRED I DUPONT BLDG
MIAMI FL 33131

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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDREE, DALE	
STREET ADDRESS	6820 SW 65 AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KADKO, DAVID	
STREET ADDRESS	2385 N. BAY ROAD	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVENSON, MILDRED	
STREET ADDRESS	7444 WAYNE AVENUE,	
CITY-ST-ZIP	COCONUT GROVE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SAXON, KYLE R	
STREET ADDRESS	1700 A. I. DUPONT BLDG.	
CITY-ST-ZIP	MIAMI FL	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRISTOL, ELLEN	
1.3 STREET ADDRESS	20 Island Avenue	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ATAIE, SHAHREYAR	
2.3 STREET ADDRESS	11651 W. Biscayne Canal Road	
2.4 CITY-ST-ZIP	Miami, FL 33161	


3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALONSO, DIEGO	
3.3 STREET ADDRESS	2159 Coral Way	
3.4 CITY-ST-ZIP	Miami, FL 33145	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALONSO, ASELA	
4.3 STREET ADDRESS	1803 Ponce de Leon Boulevard	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	

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

SIGNATURE:  KYLE R. SAXON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/98 305-771-9525

Date

Daytime Phone #

CR2E037 (5/98)