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Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90009 016 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10200

1. Corporation Name

MARY STREET DANCE THEATRE, INC.

Principal Place of Business

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

Mailing Address

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



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

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



Trust Fund Contribution

\$5.00 May Be
Added to Fees

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
NAME ANDREE, DALE
STREET ADDRESS 6820 SW 65 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME BRISTOL, ELLEN
STREET ADDRESS 20 ISLAND AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE D
NAME ATAIE, SHAHREYAR
STREET ADDRESS 11651 W BISCAYNE CANAL ROAD
CITY-ST-ZIP MIAMI FL 33161

☐ DELETE

TITLE T
NAME SAXON, KYLE R
STREET ADDRESS 1700 A. I. DUPONT BLDG.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME ALONSO, DIEGO
STREET ADDRESS 2159 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

☐ DELETE

TITLE D
NAME ALONSO, ASELA
STREET ADDRESS 1803 PONCE DE LEON BOULEVARD
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

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

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, with all other like empowered.

SIGNATURE: *Kyle R Saxon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99

305-371-9575

CR2E037 (11/98)