

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N10746 (8)**

1. Corporation Name

**MIAMI CITY BALLET, INC.**



Principal Place of Business

Mailing Address

**905 LINCOLN RD.  
MIAMI BEACH FL 33139**

**905 LINCOLN RD.  
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified

**08/19/1985**

3a. Date of Last Report

**08/23/1995**

4. FEI Number

**59-2578534**

Applied For

Not Applicable

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

**SINGER, BARBARA  
905 LINCOLN ROAD  
MIAMI BEACH FL 33139**

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 VP ☐ DELETE

NAME **SILVA, ARMANDO**  
STREET ADDRESS **201 S BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **T** ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **201 S. Biscayne Blvd**  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME **FOX-ROSELLINI, SUSAN**  
STREET ADDRESS **301 W ENID DR**  
CITY-ST-ZIP **KEY BISCAYNE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME **BAUER, MIMI**  
STREET ADDRESS **2200 S. OCEAN LANE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **NELSON, GREG**  
3.3 STREET ADDRESS **1100 EAST LAS OLAS BLVD**  
3.4 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE D ☒ DELETE

NAME **ESSERMAN, RON**  
STREET ADDRESS **10455 NW 12 ST**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **MULLENS, JEFF**  
4.3 STREET ADDRESS **777 S. FLAGLER DR, #1900 W**  
4.4 CITY-ST-ZIP **WPB FL**

TITLE D ☐ DELETE

NAME **RICHTER, ROSALIND**  
STREET ADDRESS **10651 N.E. QUAYBRIDGE**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME **BIENES, MICHAEL**  
STREET ADDRESS **141 BAY COLONY DR**  
CITY-ST-ZIP **FT LAUDERDALE FL**

6.1 TITLE **S** ☒ Change ☐ Addition

6.2 NAME **Bienes, Michael**  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Susan Fox-Roellini** 4/30/96 (305) 532-4880

Date

Daytime Phone #

CR2E037 (12/95)