

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N10746

1. Corporation Name

MIAMI CITY BALLET, INC.

Principal Place of Business

905 LINCOLN RD.
MIAMI BEACH FL 33139

Mailing Address

905 LINCOLN RD.
MIAMI BEACH FL 33139



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/19/1985

4. FEI Number

59-2578534

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

SINGER, BARBARA
905 LINCOLN ROAD
MIAMI BEACH FL 33139

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 CT ☐ DELETE

NAME BRONSON, RICHARD
STREET ADDRESS 6700 N. ANDREWS AVE. #500
CITY-ST-ZIP FT. LAUDEDALE FL 33309

TITLE PT ☐ DELETE

NAME SIGARS-MALINA, JANA
STREET ADDRESS 5200 BLUE LAGOON DR. #600
CITY-ST-ZIP MIAMI FL 33126

TITLE T ☐ DELETE

NAME HAFT, JAY
STREET ADDRESS 10 EDGEWATER DRIVE
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE V ☐ DELETE

NAME STEIN, RITA
STREET ADDRESS 210 EDEN RD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE V ☐ DELETE

NAME HAFT, CLAYRE
STREET ADDRESS 10 EDGEWATER DR
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE S ☐ DELETE

NAME CHARYK, EDWING
STREET ADDRESS 790 ANDREWS AVE STE A302
CITY-ST-ZIP DELRAY BEACH FL 33483

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME BRONSON, RICHARD
13 STREET ADDRESS 4141 NE 2ND AVE. #108
14 CITY-ST-ZIP Miami FL 33134

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
*****P.O. BOX *****P.O. BOX

31 TITLE ☒ Change ☐ Addition

32 NAME HAFT, JAY
33 STREET ADDRESS 10 Edgewater Drive
34 CITY-ST-ZIP Coral Gables FL 33133

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition

62 NAME Charyk, Edwing
63 STREET ADDRESS 790 Andrews Ave Ste A302
64 CITY-ST-ZIP Delray Beach FL 33483

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jana Sigars-Malina 4/12/99 (305) 532-4880

0007989

CR2E037 (11/98)