

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name  
**FLORIDA INTERNATIONAL BALLET** *N18255*

Principal Place of Business: **7360 CORALWAY, SUITE 29, MIAMI, FL. 33155**  
Mailing Address: **63 SW 31 Rd., MIAMI, FL. 33129.**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2788348</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified <b>12/15/1986</b>	3a. Date of Last Report <b>12/96</b>
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9. Name and Address of Current Registered Agent  
**GILBERT A. CAAMANO  
13441 SW 24 ST.  
MIAMI, FL. 33175**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>VIVIAN TOBIO P/D</b>
13. STREET ADDRESS	<b>63 SW 31 Rd.</b>
14. CITY- ST- ZIP	<b>MIAMI, FL. 33129.</b>

21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>VIVIAN SAINZ V/D</b>
23. STREET ADDRESS	<b>63 SW 31 Rd.</b>
24. CITY- ST- ZIP	<b>MIAMI, FL. 33129.</b>

31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>JORGE SAINZ T/D</b>
33. STREET ADDRESS	<b>265 DE SOTO DR</b>
34. CITY- ST- ZIP	<b>MIAMI SPRINGS, FL 33166</b>

41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	

51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	

61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>400002156814</b>
63. STREET ADDRESS	<b>-04/28/97--01082--031</b>
64. CITY- ST- ZIP	<b>***61.25</b>

14. I do 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: *[Signature]* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/96)