

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 CORAL WAY, 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 59-2788348	3a. Date of Last Report 12/96
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
23. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24. Zip	2d. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	VIVIAN TOBIO P/D
13. STREET ADDRESS	63 SW 31 Rd.
14. CITY-ST-ZIP	MIAMI, FL. 33129.
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	VIVIAN SAINZ V/D
23. STREET ADDRESS	63 SW 31 Rd.
24. CITY-ST-ZIP	MIAMI, FL. 33129.
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	JORGE SAINZ T/D
33. STREET ADDRESS	265 DE SOTO DR
34. CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
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	400002156814
63. STREET ADDRESS	-04/28/97--01082--031
64. CITY-ST-ZIP	***61.25

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)