SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 31 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47572** **(5)**

1. Corporation Name

THE ORLANDO INTERNATIONAL SCHOOL OF VISUAL AND E NTERTAINMENT DESIGN CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 400 C ORLANDO FL 32809	6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 400 C ORLANDO FL 32809

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 07/07/1994
4. FEI Number: 59-3115688 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 505	Suite, Apt. #, etc. 27 505
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CAJOLAIS, JEAN-PAUL
3511 BONAIRE BLVD #2416
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable) 6220 S., Orange Blossom Trail, S.505,Orlando, Fl 32809
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V = D	☒ Change ☒ Addition
NAME	MINVILLE, MICHELLE	12 NAME		
STREET ADDRESS	3511 BONAIRE, #2416	13 STREET ADDRESS	5124 Park Central Dr. #528	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Orlando, Fl 32839	
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	LIMMER, CANDY	22 NAME	None	
STREET ADDRESS	6140 CRISTAL VIEW DR.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	PCED	31 TITLE		☒ Change ☐ Addition
NAME	CAJOLAIS, JEAN-PAUL	32 NAME		
STREET ADDRESS	3511 BONAIRE BLVD, #2416	33 STREET ADDRESS	6220 S., Orange Blossom Trail, Suite 505	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	Orlando, Fl 32809	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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 addition.

SIGNATURE: Dr Jean-Paul Cajolais 7/31/95 407-850-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004716