

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 # N47572

(5)

1. Corporation Name

THE ORLANDO INTERNATIONAL SCHOOL OF VISUAL AND ENTERTAINMENT DESIGN CORP.

000001821240
-05/14/96--01127--015
*****70.00 *****70.00



Principal Place of Business
6220 SOUTH ORANGE BLOSSOM TRAIL
505
ORLANDO FL 32809
US

Mailing Address
6220 SOUTH ORANGE BLOSSOM TRAIL
505
ORLANDO FL 32809
US

3. Date Incorporated or Qualified
02/24/1992

3a. Date of Last Report
07/31/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

CAJOLAIS, JEAN-PAUL DR.
6220 S. ORANGE BLOSSOM TRAIL, S. 505
SUITE 505
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 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
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MINVILLE, MICHELLE
5124 PARK CENTRAL DR. #528
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LIMMER, CANDY
6140 CRISTAL VIEW DR.
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCED
CAJOLAIS, JEAN-PAUL
6220 S., ORANGE BLOSSOM TRAIL, SUITE 505
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SD
CAJOLAIS, DANIELLE
5124 PARK CENTRAL DR. #528
ORLANDO, FL 32839

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

JEAN-PAUL CAJOLAIS 407-850

5/6/96

2660

CR2E037 (12/95)