

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 # **N47938** (8)

1. Corporation Name

MIAMI ARTISTIC GYMNASTICS, INC.



Principal Place of Business

**4420 SOUTHWEST 73 AVENUE
MIAMI FL 33155
US**

Mailing Address

**8000 SW 151 STREET
MIAMI FL 33158**

3. Date Incorporated or Qualified
03/19/1992

3a. Date of Last Report
11/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

30 Country

4. FEI Number
65-0319284

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

9. Name and Address of Current Registered Agent

**JOHNSON, DOUGLAS
8000 SW 151 STREET
MIAMI FL 33158**

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 or title if applicable

(NOTE: Registered Agent signature required when not stating)

MAR 7, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PEREZ, NORLAN	
STREET ADDRESS	4420 SW 73 ST	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DOUGLAS	
STREET ADDRESS	8000 S W 151 STREET	
CITY - ST - ZIP	MIAMI FL 33158	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUNT PAUL	
STREET ADDRESS	5901 SW 73 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILES, ARTHUR W.	
STREET ADDRESS	10461 SOUTHWEST 45 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUIS NARCISO	
STREET ADDRESS	10125 COSTA DEL SOL BLVD	
CITY - ST - ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARL SCHULZE	
STREET ADDRESS	7480 SW 57 TERR	
CITY - ST - ZIP	MIAMI, FL 33143	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

DOUG JOHNSON

3/7/96

Date:

(305) 238 9853

Daytime Phone #

CR2E037 (12/95)