

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. McPham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001488 (3)

1. Corporation Name

COOL SCHOOL OF DADE, INC.



Principal Place of Business

Mailing Address

C/O DANIELLA LEVINE
860 JERONIMO DRIVE
CORAL GABLES FL 33146C/O DANIELLA LEVINE
860 JERONIMO DRIVE
CORAL GABLES FL 33146-12713. Date Incorporated or Qualified
03/18/19963a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 C/O ALLYSON TOMCHIN

26 C/O ALLYSON TOMCHIN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1420 WASHINGTON AVE.

27 1420 WASHINGTON AVE.

City & State

City & State

23 MIAMI BEACH FL

28 MIAMI BEACH FL

Zip

Country

Zip

Country

24 33146

25 DADE

29 33146

30 DADE

4. FEI Number

65-0683952

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, DANIELLA
C/O DANIELLA LEVINE
860 JERONIMO DRIVE
CORAL GABLES FL 3314681 Name
ALLYSON TOMCHIN

82 Street Address (P.O. Box Number is Not Acceptable)

1420 WASHINGTON AVE.

83 C/O FIENBERG FISHER COMM. SCHOOL

84 City
MIAMI BEACH

FL

85 Zip Code
33146

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

ALLYSON TOMCHIN

1/31/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SECRETARY ☒ DELETE
NAME WANDA NEBRON
STREET ADDRESS 1313 15th STREET
CITY-ST-ZIP MIAMI BEACH, FL. 331461.1 TITLE SECRETARY ☐ Change ☒ Addition
1.2 NAME BRYNA GERMAN
1.3 STREET ADDRESS 1420 WASHINGTON AVENUE
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33146TITLE President ☐ DELETE
NAME Nancy Rudes D-P
STREET ADDRESS 1970 NE 19th Drive
CITY-ST-ZIP North Miami Beach, FL. 331792.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE 1st Vice President ☐ DELETE
NAME Tom Calderon D-V
STREET ADDRESS 200 Alton Road
CITY-ST-ZIP Miami Beach, FL. 331343.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE Treasurer ☐ DELETE
NAME Anne He Weisman D-T
STREET ADDRESS 12415 Keystone Island Drive
CITY-ST-ZIP North Miami Beach, FL. 331814.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/1/97

305-898-392X

Daytime Phone # 0030458

CR2E037 (9/96)