SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600001488 (3)

COOL SCHOOL OF DADE, INC. Principal Place of Business Mailing Address C/O ALLYSON TOMCHIN C/O ALLYSON TOMOHIN 3. Date Incorporated or Qualified 1420 WASHINGTON AVE 1420 WASHINGTON AVE 03/19/1996 MIAMI BEACH FL 33141 MIAMI BEACH FL \$3141 FEI Number Applied For US 65-0683952 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional V 5. Certificate of Status Desired Fee Required 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State 7. Is this nonprofit corporation a homeowners association? City & State LINO Yes 28 23 Zip 33139 Country 8. This corporation owes or has paid the current year Intendible Country 33139 ___Yes 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TOMCHIN, ALLYSON 82 Street Address (P.O. Box Number is Not Acceptable) 1420 WASHINGTON AVE 83 C/O FIENBERG FISHER COMM. SCHOOL MIAMI BEACH FL 33141 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE 1.2 NAME NAME NEGRON, WANDA **1313 15TH STREET** 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE Change DELETE 2.2 NAME NAME RUDES, NANCY 2.3 STREET ADDRESS STREET ADDRESS 1970 NE 191 DRIVE NORTH MIAMI MEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIF 3 1 TITLE VICE PRESIDENT DELETE TITLE RANDY RAPP 3.2 NAME NAME CALDERON, TOM 324 HOLIDAY DR 3.3 STREET ADDRESS 200 ALTON ROAD STREET ADDRESS HALLAN DALE, FL MI<mark>AMI BEACH FL</mark> 3.4 CITY-ST-ZIP 33<u>009</u> CITY-ST-ZIP 4.1 TITLE TITLE Change Addition DELETE TD WEISMAN, ANNETTE 4.2 NAME NAME 12415 KEYSTONE ISLAND DRIVE 4.3 STREET ADDRESS STREET ADDRESS <u>north Miami Beach Fl</u> 4.4 CITY-ST-ZIP CITY-ST-ZIF S 1 TITLE Change Addition TITLE DELETE 5.2 NAME NAME BERMAN, BRYNA 5.3 STREET ADDRESS 1420 WASHINGTON AVENUE STREET ADDRESS 5.4 CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP 6.1 TITLE TITLE Change Addition DELETE 6.2 NAME NAME

14. I 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 it spanged, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

NANCY KUDES MANCY
BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

FILED

Sep 03 1998 8:00am

Secretary of State