

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90089 034 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001488

1. Corporation Name

COOL SCHOOL OF DADE, INC.

Principal Place of Business

 C/O ALLYSON TOMCHIN
 1420 WASHINGTON AVE
 MIAMI BEACH FL 33139
 US

Mailing Address

 C/O ALLYSON TOMCHIN
 1420 WASHINGTON AVE
 MIAMI BEACH FL 33139
 US


* 5 572432 2 4 3 2 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/19/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0683952	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 TOMCHIN, ALLYSON
 1420 WASHINGTON AVE
 C/O FIENBERG FISHER COMM. SCHOOL
 MIAMI BEACH FL 33141

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 and state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDES, NANCY	1.2 NAME	
STREET ADDRESS	1970 NE 191 DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPP, RANDY	2.2 NAME	
STREET ADDRESS	324 HOLIDAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISMAN, ANNETTE	3.2 NAME	
STREET ADDRESS	12415 KEYSTONE ISLAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, BRYNA	4.2 NAME	
STREET ADDRESS	1420 WASHINGTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

Daytime Phone #

CR2E037 (1/98)

572432-90011-36
Doc # N96000001488



June 5, 1999

Florida Department of State
Division of Corporations
P.O.B 1500
Tallahassee, FL 32302-1500

Subject: Cool School of Dade, Inc.

Ref. Number: N96000001488

Enclosed please find our updated annual report. I hope it is correct. Our three officers are directors; they are:

BOARD OFFICERS	ADDRESS
Randy Rapp, LCSW	21201 N.E. 38 Ave. Aventura , FL 33180
Romaine Martin, JD, MS, BSN	University of Miami 5801 Red Road Coral Gables, FL 33143
Bonita Whytehead	18940 NW 42 nd Avenue Miami, FL 33055

COOL SCHOOL

Fienberg Fisher Community School

1420 Washington Avenue

Miami Beach, FL 33139

305.538.0819 Office

305.534.3925 Fax