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**Apr 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001539 (2)

1. Corporation Name
MARTHA MAHR BALLET SCHOLARSHIP FUND, INC.



Principal Place of Business: 137 GIRALDA AVE. CORAL GABLES FL 33134
Mailing Address: 137 GIRALDA AVE. CORAL GABLES FL 33134

3. Date Incorporated or Qualified
03/19/1997

4. FEI Number: **65-0722433**
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc.
2a. Mailing Address (26) Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State
27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip Country
28. Zip Country

7. Is this nonprofit corporation a homeowners association? Yes No

24. Zip Country
25. Zip Country
29. Zip Country
30. Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**JOHNSON, CARYL
8000 S.W. 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
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAHR, MARTHA	
STREET ADDRESS	137 GIRALDA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	MERENDI, SILVANO	
STREET ADDRESS	4889 S.W. 152 COURT #G	
CITY-ST-ZIP	MIAMI FL 32185	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CARYL	
STREET ADDRESS	8000 S.W. 151 STREET	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NIETO, MARIA	
STREET ADDRESS	333 UNIVERSITY DR. #108	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Martina Mahr* MARTHA MAHR 4-2-98 305-446-5238
Date: _____ Daytime Phone # 0027081

CFR037 (10/97)