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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N97000001539**

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



21	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/19/1997
22	27	4. FEI Number
City & State	City & State	65-0722433
23	28	5. Certificate of Status Desired <input type="checkbox"/>
Zip	Zip	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees
25	30	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MAHR, MARTHA 137 GIRALDA AVE. CORAL GABLES FL 33134	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD MERENDI, SILVANO 4869 S.W. 152 COURT #G MIAMI FL 32185	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD JOHNSON, CARYL 8000 S.W. 151 STREET MIAMI FL 33158	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S NIETO, MARIA 333 UNIVERSITY DR. #108 CORAL GABLES FL 33134	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: *MARTHA MAHR* DATE: **MARTHA MAHR - 2-1-99** DAYTIME PHONE: **305-446-5238**

CR2E037 (1/198)