

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

FILED
Oct 07 1998 8:00am⁸
Secretary of State

DOCUMENT # N97000005086 (0)

1. Corporation Name

IROKO DANCE & PERFORMANCE CENTER, INC.



Principal Place of Business

Mailing Address

1971 WEST BAY DRIVE, #7
MIAMI BEACH FL 33141

1971 WEST BAY DRIVE, #7
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

65-0784723

Applied For

Not Applicable

2. Principal Place of Business

21 1860 A WEST AVE.

Suite, Apt. #, etc.

22 SUITE # 230

23 MIAMI BEACH, FLORIDA

City & State

Zip

24 33141

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 402504

Suite, Apt. #, etc.

27 MIAMI BEACH, FLORIDA

City & State

Zip

28 33140-0504

Country

30 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

ISAZA, PATRICIA
4925 COLLINS AVENUE #7F
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GARCIA, ELENA
STREET ADDRESS 1971 WEST BAY DRIVE, #7
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE VPTD ☐ DELETE

NAME ZOLIN, FLORENCE
STREET ADDRESS 320 NW 32 PLACE
CITY-ST-ZIP MIAMI FL 33133

TITLE TD ☐ DELETE

NAME ISAZA, PATRICIA
STREET ADDRESS 4925 COLLINS AVE. #7F
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE SD ☐ DELETE

NAME DELGADO, CELESTE
STREET ADDRESS 8079A SW 133RD COURT
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ DELETE

NAME MULET, ONEL
STREET ADDRESS 1971 WEST BAY DR. #7
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ DELETE

NAME SUAREZ DE JESUS, CARLOS
STREET ADDRESS 4543 SW 74 AVENUE
CITY-ST-ZIP MIAMI FL 33155

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D & SALLIOU, CHARLES
724 N.E. 82 STREET
MIAMI, FL 33138
VIVIAN MARTELL
44 S.W. 44 AVE
MIAMI FL 33134

D SUAREZ DE JESUS, CARLOS
44 S.W. 44 AVE.
MIAMI FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELENA GARCIA

9/20/98 (305) 604-9141

CR2E037 (5/98)