

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 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 # **N97000006025 (7)**

1. Corporation Name

ARTS BALLET THEATRE OF FLORIDA, INC.



Principal Place of Business 19048 NE 29TH AVENUE AVENTURA FL 33180	Mailing Address 19048 NE 29TH AVENUE AVENTURA FL 33180
--	--

3. Date Incorporated or Qualified 10/27/1997	4. FEI Number 65-0804935	Applied For ☐	Not Applicable ☐
--	------------------------------------	---	--

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
---	--

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 PARMEGGIANI, MARITZA 19048 NE 29TH AVENUE AVENTURA FL 33180	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARMEGGIANI, MARITZA	1.2 NAME	
STREET ADDRESS	19048 NE 29TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	
TITLE	VSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, NINA	2.2 NAME	
STREET ADDRESS	19048 NE 29TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEITMAN, RAY	3.2 NAME	
STREET ADDRESS	19048 NE 29TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

SIGNATURE:  11-0198 215-925-3732

CR2E037 (10/97)