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Mar 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000006692 (7)

1. Corporation Name  
PATRICIA PENENORI DANCE CENTER INC.



Principal Place of Business  
1740 TIGERTAIL AVENUE  
COCONUT GROVE FL 33133

Mailing Address  
1740 TIGERTAIL AVENUE  
COCONUT GROVE FL 33133-3325

3. Date Incorporated or Qualified: 11/23/1992  
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0370263  
Applied For: Not Applicable

21. Suite, Apt. #, etc.

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENENORI, PATRICIA  
1740 TIGERTAIL AVE.  
COCONUT GROVE FL 33133

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D  DELETE  
NAME: PENENORI, PATRICIA  
STREET ADDRESS: 1740 TIGERTAIL AVE  
CITY - ST - ZIP: COCONUT GROVE FL

2. TITLE: D  DELETE  
NAME: DELGADO, LOREN  
STREET ADDRESS: 1740 TIGERTAIL AVE  
CITY - ST - ZIP: COCONUT GROVE FL

3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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:

14. I do 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 607, 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

3-4-97 305-665-5901  
Date Daytime Phone #

CR2E034 (9/96)