FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400002636 (6)

FILED Apr 21 1998 8:00am Secretary of State

| Principal Place of Business P.D. BOX 191887 P.D. BOX 191887 P.D. BOX 191887 MAMI BEACH Ft. 33119 B.D. BOX 191887 D.D. NOT WHITE IN THIS SPACE 2. Principal Place of Staviness 2a. Mailing Actruss A. Mailing Actruss P.D. BOX 191894 D.D. NOT WHITE IN THIS SPACE 2. Principal Place of Staviness 2a. Mailing Actruss P.D. BOX 191894 D.D. NOT WHITE IN THIS SPACE 2. Principal Place of Staviness 2a. Mailing Actruss P.D. BOX 191894 D.D. Applicable 2. Suite, April #, etc. 2a. State D.D. Applicable S.B. Cefficients of Stavus Deals of | DANCE | MOVEMENTS STUDIO INC |). | | I I DE FINE E HE FERNI E BURIL E ELLI E E HI E E ELLI | AAIHA JIRIN AIINA JOHA AIHA INAI |
|--|---------------------------------------|---|--|--|--|--|
| P.D. BOX 191887 MAMI BEACH FL 3919 2. Frincipal Place of Evanioss 2. Maning Actives 2. Frincipal Place of Evanioss 2. Maning Actives 3. Date Incorporated or Qualified 0.1003/1939 4. FEI Number 2. Frincipal Place of Evanioss 2. State, Apl #, etc. State, Apl #, etc. State, Apl #, etc. State, Apl #, etc. Cay & State Cay & Sta | | | | | | |
| MAMERIAN FLASH SPACE S. DONOT WHITE IN THIS SPACE | Principal Plac | ee of Business | Mailing Address | | | Dâtra stâtă Belăb elstă Ofit (Săt |
| 3. Date incorporated or Qualified 1. On Application Survey City & State 2. Survey April 4, citic. 2. Survey April 4, citic. 2. City & State 3. City & Stat | | | | | DO NOT WRITE IN TH | HIS SPACE |
| 2. Principal Place of Hysness 2a. Maling Address 2a. Maling Address 2b. Sinc. Apt. 4, etc. 5b. Sinc. Apt. 4, etc. 5c. Certificate of Status Destred 5c. Certificate 5c. Certificate of Status Destred 5c. Certificate 5c. Certific | | | | | · · · · · · · · · · · · · · · · · · · | |
| 2. Principal Place of Business 2a. Multiple Address 25 3c. April 4, etc. 25 3c. April 4, etc. 27 26 3c. Cuttificate of Status Desired 3c. Cuttificate of Status Desired Office or registered agent 3c. Cuttificate of Status Desired 3c. Cuttificate of Status Desired 3c. Cuttificate of Status 3c. Cuttificate 3 |] | | | | 01/03/1994 | |
| SUILA API R. PEC. 27 City & State 27 City & State 28 City & State 29 Country 29 Country 29 Country 29 Country 30 Count | 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. 4, efc. State | 21 | | 26 | - 100 8 | 65-0464394 | Not Applicable |
| City & State City & City & State City & City & State City & | | | Suite, Apt. #, etc. | | · | |
| 28 29 20 25 29 20 25 25 26 25 26 26 25 26 26 | | | . t | | | |
| 24 25 25 36 10 10 10 10 10 10 10 | | | h | | | |
| 25 | | | | Country | | |
| PELLERIN, MICHAEL 200 COLLINS AVE. 42 Stroet Address (P.O. Box Number is Not Acceptable) | | <u>−</u> − 1 | 1 1 | <u></u> | B. This corporation owes or has paid the | |
| PELLERIN, MICHAEL 280 COLLINS AVE. #2 MIAMI BEACH FL 33139 84 City FL 85 Zip Code | 241 | | | 1301 | | |
| 280 COLLINS AVE. 42 | DEI | | | 81 Name | • | ************************************** |
| ### City | | | | 90 Cteast Add | Iron (D.O. Flori Mirrobas is Nat Assessable) | |
| MIAMI BEACH FL 33139 | | OCELINO AVE. | | 62 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| ### City ### | | MUREACH EL 33139 | | 83 | | |
| The pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutos. The above-named corporation submits this statement for the purpose of changing its registered agent, or hort, in the State of Florida. Such change was author/rod by the corporation's board of directors. I hereby accept the appointment as registered agent agent with an accept the obligations of, Section 607 0505, Florida Statutos. SIGNATURI TILE OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE OCARVALHO, MICHELE 11 PAME 12 PAME 13 PRELIABORISS CITY-ST-2IP MIAMI FL 33178 DILETE D D DILETE 22 NAME STREET ADDRESS CITY-ST-2IP MIAMI BEACH FL 33140 24 CITY-ST-2IP MIAMI BEACH FL 33140 15 PRELIABORISS CITY-ST-2IP DELETE DELETE DELETE DELETE 17 PAME 18 PRELIABORISS CITY-ST-2IP MIAMI BEACH FL 33140 18 PRELIABORISS CITY-ST-2IP DELETE DELETE 18 PRELIABORISS CITY-ST-2IP DELETE 18 PRELIABORISS | 1 | MI DESCRIPE COTOS | | 64 | | |
| ### Republic with and accept the obligations of, Section 607.0505, Torida Statutoss. Signatural Signatur | | | | [64] City | F | L 85 ZIP Code |
| SIGNATURE Signature injunction on the general and the displacement (NOTE Registrated Agent injunctating) DATE | 11. Pursuant office or r | to the provisions of Sections 607.050 registered agent, or both, in the State | 02 and 607.1508, Florida Statut of Florida, Such change was | tes, the above-named corp authorized by the corpora | poration submits this statement for the purpos tion's board of directors. I hereby accept the | o of changing its registered appointment as registered |
| 12. | SIGNATURE | | | onda Statoles. | | |
| TITLE | | | | | <u> </u> | |
| NAME CARVALHO, MICHELE 12 NAME 13 STREET ADDRESS 11580 SW. 125TH ST. 13 STREET ADDRESS 11580 SW. 125TH ST. 14 CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | The second company of the community of | and the second contract of the second contrac | ADDITIONS/CHANGES TO DEFICERS A | |
| 11560 S.W. 125TH ST. 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP | | | ב נינננינ | | | change Accilion |
| MIAMI FL 33176 | | | | | | |
| D | | | | | | |
| NAME PELLERIN, MICHAEL 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP | | | DILLETE | | | Change Addition |
| STREET ADDRESS S255 COLLINS AVE. L-1 | NAME | | | 2.2 NAME | | |
| CITY-ST-ZIP | STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| TITLE DELETE 31 TITLE Change Addition NAME 32 NAME | CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| STREET ADDRESS 3.3 STREET ADDRESS 3.4 C.I.Y-S1-ZIP 3.4 C.I.Y-S1-ZIP 3.4 C.I.Y-S1-ZIP | TITLE | , | DELETE | ······································ | | Change Addition |
| STREET ADDRESS STRE | NAME | | | 3.2 NAME | | |
| TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME | STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| NAME | CITY-ST-ZIP | · | | 3.4. C(1Y-S1-Z)P | | |
| STREET ADDRESS | | | L_I DELETE | 4.1 TITLE | | L. Change Addition |
| EITY-ST-ZIP 4.4 CHY-ST-ZIP TITLE DELFTE 5.1 TILLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TILLE Change Addition | | | | 4. 2 NAME | | |
| TITLE DELFTE 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 | | | | 4 3 STREET ADDRESS | | |
| NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 7/ILE Change | | | Deter | | | Chance Addition |
| STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 7/ILE Change | | | L'1 sirrit | | | |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 7/11 E Change Addition | | | | | | Í |
| TITLE DELETE 6.17HLE Change Addition | l l | | | | | |
| | | | DELETE | | | Change Addition |
| Via trivital | | | L. Percit | 1 | | The country of the co |
| STREET ADDRESS 6.3 STREET ADDRESS | i i | | | | | |
| CITY-SI-ZIP 64 CITY-SI-ZIP | | | | | | İ |

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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporated 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 chapter 407, an attachment with an address.

0.01.45..5

1/-P

1/1/96 200 500