PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400002636

| Principal Place of Business |
|-----------------------------|
| P.O. BOX 19-1867 |
| MIAMI DEACH EL 22110 |

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90223 006 ***150.00

| DANCE | MOVEMENTS STUDIO INC. | | | | | | |
|--|--|---|--|--|--|----------------------------------|---------------------------------------|
| Principal Plac | e of Business | Mailing Address | | | I SOUTH IN THE MAIN AND A SELECTION OF SELEC | ***** | (() |
| P.O. BOX 19-1867 P.O. BOX 19-1867 MIAMI BEACH FL 33119 MIAMI BEACH FL 33119 | | | | | DO NOT WRITE IN THIS | SPACE | |
| i | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 01/03/1994 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | , | | 4. FEI Number | | olied For |
| 21 1207 | 715W] 7AV | 26 120715U | <u> </u> | AVE | 65-0464394 | | Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 A Fee Re | quired |
| City & Stat | 10 | Gity & State | | | 6.2 Election Gampaign Financing | \$5.00 | · · · · · · · · · · · · · · · · · · · |
| 23 | | 28 M/A-M(| | | Trust Fund Contribution | Added to | Fees |
| zip 24 33/1 | Country 25 | zip 29 33186 | 30 Cou | untry | This corporation owes the current year In Personal Property Tax. | ☐Yes | No |
| - | 9. Name and Address of Currer | nt Registered Agent | | 94 N | 10. Name and Address of New Registered | Agent | |
| ו מביו | LEDIN MICHAEL | | | 81 Name | | | |
| PELLERIN, MICHAEL 260 COLLINS AVE. | | | | | dress (P.O. Box Number is Not Acceptable) | | |
| #2 Miai | MI BEACH FL 33139 | | | 83 | · . | <u> </u> | |
| | | | | 84 City | FL | 85 Zip C | Code · |
| office or agent. I a | registered agent, or both, in the State am familiar with, and accept the obliga | 22 and 607.1508, Florida Stati of Florida. Such change was ations of, Section 607.0505, F | utes, the a authorized lorida Stat | above-named cor d by the corpora tutes. | rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo | f changing its intment as reg | registered pistered |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NO | TE: Registered | d Agent signature requi | | | |
| 12. | , | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO Change | RS IN 12 Addition |
| TITLE | D | ☐ DELETE | 1.1 TI | | | ☐ Change | ☐ Mudicion [|
| NAME | CARVALHO, MICHELE | | 1.2 N | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33176 | | | aty-st-zip | | | |
| TITLE | D DELLEDING MICHAEL | | | | | ☐ Change | ☐ Addition |
| NAME | PELLERIN, MICHAEL | □ DELETÉ | 2.1 TI | | | Change | Addition |
| STREET ADDRESS | I FACE COLLING AVE L4 | ☐ DELETÉ | 2.2 N | IAME | | ☐ Change | ☐ Addition |
| TITLE | | ☐ DELETÉ | 2.2 N 2.3 S | IAME TREET ADORESS | | ☐ Change | ☐ Addition |
| | 5255 COLLINS AVE. L-1 MIAMI BEACH.FL 33140 | ~ <u> </u> | 2.2 No 2.3 S | IAME TREET ADORESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| | | ☐ DELETE | 2.2 No 2.3 S 2.4 C 3.1 TI | IAME STREET ADORESS CITY-ST-ZIP ITLE | | | |
| NAME | MIAMI BEACH.FL.33140 | ~ <u> </u> | 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N | IAME ITREET ADORESS CITY-ST-ZIP ITLE IAME | | | |
| NAME STREET ADDRESS | MIAMI BEACH.FL.33140 | ~ <u> </u> | 2.2 No 2.3 Si 2.4 Ci 3.1 Ti 3.2 No 3.3 Si | IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME ITREET ADDRESS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MIAMI BEACH.FL.33140 | ~ <u> </u> | 2.2 No 2.3 Si 2.4 Ci 3.1 Ti 3.2 No 3.3 Si | IAME ITREET ADDRESS CITY- ST- ZIP ITLE IAME ITREET ADDRESS CITY- ST- ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLÉ | MIAMI BEACH.FL.33140 | ☐ DELETE | 22 No. 2.3 S 2.4 C 3.1 TI 3.2 No. 3.3 S 3.4 C 4.1 TI | IAME ITREET ADDRESS CITY- ST- ZIP ITLE IAME ITREET ADDRESS CITY- ST- ZIP | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | MIAMI BEACH.FL.33140 | ☐ DELETE | 22 No. 2.3 S 2.4 C 3.1 TI 3.2 No. 3.3 S 3.4 C 4.1 TI 4.2 No. 2.5 No. 2.4 C 1.2 No. 2.5 | TREET ADDRESS CITY- ST- ZIP TILE LAME LTREET ADDRESS CITY- ST- ZIP TILE | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MIAMI BEACH.FL.33140 | ☐ DELETE | 22 N 23 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S | TREET ADDRESS TITY- ST- ZIP TILE IAME LYREET ADDRESS CITY- ST- ZIP TILE VAME | | ☐ Change | Addition |
| NAME STREET ADDRESS C(TY-ST-ZIP TITLE NAME STREET ADDRESS | MIAMI BEACH.FL.33140 | ☐ DELETE | 22 N 23 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S | TREET ADDRESS TITLE TITLE TAME TITLE TAME TITLE TAME | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIAMI BEACH.FL.33140 | ☐ DELETE | 22 N 23 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 C | TREET ADDRESS TITLE TITLE TAME TITLE TAME TITLE TAME | | ☐ Change | Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MIAMI BEACH.FL.33140 | DELETE | 22 N 23 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 C 5.1 TI 5.2 N 5.3 S' 5.4 C | TAME TITLE TADORESS TITLE TITL | | ☐ Change | Addition Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MIAMI BEACH.FL.33140 | ☐ DELETE | 22 N 23 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 Cl 5.1 Tl 5.2 N 5.3 S 5.4 C | TAME TITLE TADORESS CITY-ST-ZIP TITLE TITL | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIAMI BEACH.FL.33140 | DELETE | 22 No. 23 S' 2. 4 C 3.1 TI 3.2 No. 3.3 S' 3.4 C 4.1 TI 4.2 No. 4.3 S' 4.4 CI 5.1 TI 5.2 No. 5.3 S' 5.4 C 6.1 TI 6.2 No. 6.2 No | TREET ADDRESS CITY-ST-ZIP TITLE JAME TREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS SITY-ST-ZIP TITLE JAME STREET ADDRESS SITY-ST-ZIP TITLE JAME STREET ADDRESS SITY-ST-ZIP TITLE JAME JAME JAME JAME | | ☐ Change | Addition Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TRAME STREET ADDRESS CITY-ST-ZIP TITLE | MIAMI BEACH.FL.33140 | DELETE | 22 No. 23 S' 2. 4 C 3.1 TI 3.2 No. 3.3 S' 3.4 C 4.1 TI 4.2 No. 4.3 S' 4.4 CC 5.1 TI 5.2 No. 5.3 S' 5.4 C 6.1 TI 6.2 No. 6.3 S' 6 | TAME TITLE TADORESS CITY-ST-ZIP TITLE TITL | | ☐ Change | Addition Addition |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an effectment with an address, with all other like empowered.

SIGNATURE: