

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000053627 (2)**

1. Corporation Name

DESOIGNE MUSIC CONSERVATORY INC.



Principal Place of Business

**2002 S.W. 98TH PLACE
MIAMI FL 33165**

Mailing Address

**2002 S.W. 98TH PLACE
MIAMI FL 33165**

3. Date Incorporated or Qualified

07/12/1995

3a. Date of Last Report

INITIAL REPORT

2. Principal Place of Business

2a. Mailing Address

21 Subj., Apt., #, etc.

26 Subj., Apt., #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

65-0599770

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANZ, LUIS P
2002 S.W. 98TH PLACE
MIAMI FL 33165**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY-STATE-ZIP	1.4 CITY-STATE-ZIP
5. TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY-STATE-ZIP	2.4 CITY-STATE-ZIP
9. TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY-STATE-ZIP	3.4 CITY-STATE-ZIP
13. TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY-STATE-ZIP	4.4 CITY-STATE-ZIP
17. TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
21. TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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

2-17-96 (305) 221-0205

CR2E034 (12/95)