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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc-

City & State

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000010024 (3)

Country

9. Name and Address of Current Registered Agent

25

LA ESCUELA DE TRAFICO CON COMEDIA IMPROV, INC.

Principal Place of Business Mailing Address

20801 BISCAYNE BLVD. 20801 BISCAYNE BLVD.
SUITE 304 SUITE 304
AVENTURA FL 33180-1422 AVENTURA FL 33180-1422

2. Principal Place of Business 2a. Mailing Address

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Suite, Apt. #, etc.

HIVINE RESIDED

SIGNATURE AND TYPE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 dent

City & State

## FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

3. Date Incorporated or Qualified

01/31/1996 4. FEI Number

65-0641251

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

SASLAW, GARY R				oi Name				
20801 BISCAYNE BLVD.			82	Street Address (P.O. Box Number Is Not Acceptable)				
SUTIE 304			<u> </u>			<del></del>		
AVI	ENTURA FL 33180-1422		83					
}			84	City		85 Zi	ip Code	7
<u></u>				<u> </u>	FL	بلل		_
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 Signature, Niped or printed name of registered agent and little if applicable (NOTE: Registered Agent signature (aguired when reinstaling)  DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 2. OFFICERS AND DIRECTORS 13.				ent signature	e required when reinstalling)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTI	OBS IN 12	<b>⊣</b> ⊵
TITLE	DP OFFICERS AND BIRECTOR	DELETE	1.1 TITLE		ADDITIONAL OF THE CONTROL AND	☐ Change		,⊢≧
NAME	PREMER, HOWARD		1.2 NAME			o		1
STREET ADDRESS	13499 BISCAYNE BLVD. SUITE 1		1.3 STREET	AUUDEGG				EOS
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY-S					200
TITLE	DVST	DELETE	2.1 TITLE	1- TIL	<del> </del>	Change	e Addition	
NAME	SASLAW, GARY R	_	2.2 NAME					
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 304		2.3 STREET	ADDDESS				1
CITY-ST-ZIP	AVENUTRA FL 33180-1422		2.4 CITY-5					
TITLE	AVEITOTIA 1 E 30100-1422	DELETE	3.1 TITLE	51 - ZIF		Change	e Addition	<u>,</u>
NAME			3.2 NAME				_	
STREET ADDRESS			33 STREET	ADDRESS				ł
CITY-ST-ZIP			3.4, CITY-S	T-ZIP				[
TITLE		DELETE	4.1 TITLE			Change	Addition	7
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			L Change	e Addition	
NAME			5.2 NAME					ł
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	r-zip				_
TITLE		DELETE	8.1 TITLE			Change	Addition	
NAME			6.2 NAME					Ì
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP		-1	6.4 CITY-S		dia Cardia 440 07(0V) Florida Standard I dia	unification of the	luf	4
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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								
officer or director of the corporation of 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 angular attachment with an address.								
proper is a product of a strangery of State attraction and an addition.								

Country

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