


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90037 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000053621					
1. Corporation Name LATIN BEAT DANCE STUDIOS, INC.					
Principal Place of Business 8530 NW 52ND ST LAUDERHILL FL 33351-4833		Mailing Address 8530 NW 52ND ST LAUDERHILL FL 33351-4833			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P.O. Box 25033		06/12/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0847354	
City & State		City & State		Applied For	
23		28 TAMARAC, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 33320-5033		30 USA	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		30		9. Name and Address of Current Registered Agent	
26		31		10. Name and Address of New Registered Agent	
27		32		81 Name	
28		33		82 Street Address (P.O. Box Number is Not Acceptable)	
29		34		83	
30		35		84 City	
31		36		85 Zip Code	
32		37		FL	
33		38		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.	
34		39		SIGNATURE	
35		40		Signature, typed or printed name of registered agent and title if applicable.	
36		41		(NOTE: Registered Agent signature required when reinstating)	
37		42		DATE	
38		43		12. OFFICERS AND DIRECTORS	
39		44		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
40		45		1.1 TITLE	
41		46		1.2 NAME	
42		47		1.3 STREET ADDRESS	
43		48		1.4 CITY-ST-ZIP	
44		49		2.1 TITLE	
45		50		2.2 NAME	
46		51		2.3 STREET ADDRESS	
47		52		2.4 CITY-ST-ZIP	
48		53		3.1 TITLE	
49		54		3.2 NAME	
50		55		3.3 STREET ADDRESS	
51		56		3.4 CITY-ST-ZIP	
52		57		4.1 TITLE	
53		58		4.2 NAME	
54		59		4.3 STREET ADDRESS	
55		60		4.4 CITY-ST-ZIP	
56		61		5.1 TITLE	
57		62		5.2 NAME	
58		63		5.3 STREET ADDRESS	
59		64		5.4 CITY-ST-ZIP	
60		65		6.1 TITLE	
61		66		6.2 NAME	
62		67		6.3 STREET ADDRESS	
63		68		6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE:  GABRIEL R. GOMEZ 4/1/99 954 746 4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0312287