


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90062 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721894

1. Corporation Name
MIAMI CHORAL SOCIETY, INC.

Principal Place of Business 1533 SUNSET DR STE 215 CORAL GABLES FL 33143 US	Mailing Address 1533 SUNSET DR STE 215 CORAL GABLES FL 33143 US
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102066-90062-24 6



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/15/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7250811
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent TIMOTHY A SHARP 11435 SW 109TH RD #46A MIAMI FL 33176	10. Name and Address of New Registered Agent 81 Name Lucrecia Loumiet 82 Street Address (P.O. Box Number is Not Acceptable) 1033 Anastasia Avenue 83 Coral Gables, FL 33134 84 City Coral Gables FL 85 Zip Code 33134
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lucrecia Loumiet Executive Director 01/11/99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCD <input type="checkbox"/> DELETE	NAME BROOKES, ROBERT	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 95 W MCINTYRE ST	CITY-ST-ZIP KEY BICAYNE FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP Key Biscayne 33149	
TITLE SD <input type="checkbox"/> DELETE	NAME FISHER, DEBORAH	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 13040 SW 70 AVE	CITY-ST-ZIP MIAMI FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP 33156	
TITLE VDT <input type="checkbox"/> DELETE	NAME LOUMIET, JUAN P.	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1221 BRICKELL	CITY-ST-ZIP MIAMI FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP 33131	
TITLE D <input type="checkbox"/> DELETE	NAME M. CRISTINA DE LA VEGA	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 44 W FLAGLER ST	CITY-ST-ZIP MIAMI FL 33130	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME BERGMAN, MARY	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8577 SW 12 ST	CITY-ST-ZIP MIAMI FL	5.2 NAME Bergman, Mary	
		5.3 STREET ADDRESS 8577 SW 112 St	
		5.4 CITY-ST-ZIP Miami, FL 33156	
TITLE D <input type="checkbox"/> DELETE	NAME SHARP, TIMOTHY	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11435 SW 109TH RD #46A	CITY-ST-ZIP MIAMI FL 33176	6.2 NAME	
		6.3 STREET ADDRESS	
		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 617, 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: Robert Brookes 01/11/99 305-662-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)