

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUN 15 AM 10:25

DOCUMENT # 728832 (7)

1. Corporation Name
 FRIENDS OF WLRN, INC.

Principal Place of Business Mailing Address
 % PAUL D. BARNAS JR., ESQ. 211 % PAUL D. BARNAS JR., ESQ.
 1570 MADRUGA AVE., STE. 216 1570 MADRUGA AVE., STE. 216
 CORAL GABLES FL 33146 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1974 3a. Date of Last Report 05/01/1994
 4. FEI Number 23-7365001 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 2a. Mailing Address 26
 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27
 City & State 23 City & State 28
 Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent
 BARNAS, PAUL D., JR., ESQ.
 1570 MADRUGA AVE., STE. 216
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number Is Not Acceptable)
 1570 Madruga Ave, Ste 211
 B3
 B4 City FL B5 Zip Code

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 *Paul D. Barnas Jr.* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	688R	11 TITLE	D/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNAS, PAUL D., JR.	12 NAME	Barnas, Paul D. Jr.
STREET ADDRESS	7720 S.W. 53RD AVE.	13 STREET ADDRESS	7720 S.W. 53rd Avenue
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	21 TITLE	D/Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, PRUDENCE	22 NAME	Greer, Alan
STREET ADDRESS	8375 SCHOOLHOUSE RD.	23 STREET ADDRESS	201 S. Biscayne Blvd.
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD	31 TITLE	P/Vice-Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANNEN, LAUREN	32 NAME	Bernal, Peter
STREET ADDRESS	21212 HARBOR WAY #118	33 STREET ADDRESS	10940 S.W. 104 Avenue
CITY - ST - ZIP	MIAMI BEACH FL	34 CITY - ST - ZIP	Miami, FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DC	41 TITLE	D/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALXCHER, PAUL DCX	42 NAME	Cole, Mary Lou
STREET ADDRESS	FLU UNIVERSITY PARK	43 STREET ADDRESS	4955 Lakeview Drive
CITY - ST - ZIP	MIAMI FL 33102	44 CITY - ST - ZIP	Miami Beach, FL 33140 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DX	51 TITLE	
NAME	FRAZIER, RON	52 NAME	
STREET ADDRESS	1720X 15TH ST	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 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

SIGNATURE: *Paul D. Barnas Jr.* 6/12/95 666-6127
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E037 (3/95)