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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749247

1. Corporation Name
GREATER MIAMI COMMUNITY CONCERT BAND, INC.

Principal Place of Business Mailing Address
 1000 BRICKELL AVE. P.O. BOX 16-1233
 SUITE 1000 MIAMI FL 33116-1233
 MIAMI FL 33131-3013



535906-90202-24 6 *

2. Principal Place of Business 21 255 Alhambra Circle	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 865	3. Date Incorporated or Qualified 10/08/1979
22 City & State 23 Coral Gables FL	28 City & State	4. FEI Number 58-9117036
24 Zip 33134	25 Country USA	29 Country 30
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
SIERT, NORRIS
 1000 BRICKELL AVENUE
 SUITE 1000
 MIAMI FL 33131-3013

10. Name and Address of New Registered Agent
 81 Name **Siert Norris**
 82 Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Circle
 83 **Suite 865**
 84 City **Coral Gables** FL 85 Zip Code **33134**

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 *Siert Norris* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SIERT, NORRIS 7341 S.W. 167TH STREET MIAMI FL 33157	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Alan Tau ss, Alan
TITLE TD	CAMINAS, ANA 16253 N.W. 82 AVENUE HIALEAH FL 33016	1.2 NAME	10620 SW 103rd Street
TITLE SD	TABER, ELIZABETH 17000 S.W. 89TH COURT MIAMI FL 33157-4545	1.3 STREET ADDRESS	Miami, FL 33176
TITLE CD	PROCTOR, THOM 9981 S.W. 37TH TERRACE MIAMI FL 33185	1.4 CITY-ST-ZIP	April Lc Blanc, April
TITLE D	GREEN, GARY 5776 S.W. 89TH LANE COOPER CITY FL 33320	2.1 TITLE	14967 SW 260th Street
TITLE D	GUILMARTIN, JAMES 8200 S.W. 210TH STREET, #320 MIAMI FL 33189	2.2 NAME	Agostino, FL 33032
		2.3 STREET ADDRESS	Fami Mag hie Fami
		2.4 CITY-ST-ZIP	12508 SW 112th Terrace
		3.1 TITLE	Miami, FL 33186
		3.2 NAME	Brian Halini ewski, Brian
		3.3 STREET ADDRESS	12508 SW 112th Terrace
		3.4 CITY-ST-ZIP	Miami, FL 33186
		4.1 TITLE	Robin, Melissa
		4.2 NAME	8891 SW 142nd Avenue #533
		4.3 STREET ADDRESS	Miami, FL 33186
		4.4 CITY-ST-ZIP	Raai Vidal
		5.1 TITLE	92 Wigt Mashta Drive
		5.2 NAME	Key Biscayne FL 33149
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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: *Siert Norris* DATE: 1/12/99 (305)461-1153

CR2E037 (11/98)