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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N19103** **(3)**

1. Corporation Name

SYMPHONY OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
3300 N FEDERAL HWY #214 FT. LAUDERDALE FL 33306	3300 N FEDERAL HWY #214 FT. LAUDERDALE FL 33306-1035

3. Date Incorporated or Qualified: 02/05/1987
3a. Date of Last Report: 03/04/1996

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

4. FEI Number: 65-0157441 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOGAN, GARLAND, ESQ.
2200 LAZY LANE
LAXY LAKE FL 33305

10. Name and Address of New Registered Agent

81 Name: Judith Keiser, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): English McCaughan & O'Bryan
83: 100 N.E. 3rd Avenue
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33301

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: Judith L Keiser — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MASCOLA, PATRICK		1.2 NAME	Steven Casper	Receives mail at:
STREET ADDRESS	880 S.W. 10TH AVENUE		1.3 STREET ADDRESS	34 S. Federal Hwy.	P.O. Box 278
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Dania, Fla. 33004	Dania, Fla. 33004
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LABONTE, RENEE		2.2 NAME		
STREET ADDRESS	51 CAYUGA RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	STAHL, ROBERT		3.2 NAME	Marion Kaufmann	
STREET ADDRESS	886 N. FIG TREE LANE		3.3 STREET ADDRESS	561 Bayshore Drive #6	
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33304	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROTHBERG, ALLAN		4.2 NAME	Brian Budi	
STREET ADDRESS	3101 NORTH FEDERAL HWY #302		4.3 STREET ADDRESS	626 N.E. 17th Way #A	
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33304	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Renée LaBonte — 4/22/97 — 954-561-5882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0035757