

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38690** (6)

1. Corporation Name

**THE FRIENDS OF THE UNIVERSITY OF MIAMI SCHOOL OF MUSIC, INC.**



Principal Place of Business

Mailing Address

C/O STANTON G. LEVIN  
1570 MADRUGA AVE.  
CORAL GABLES FL 33146

C/O STANTON G. LEVIN  
1570 MADRUGA AVE.  
CORAL GABLES FL 33146

3. Date incorporated or Qualified **06/18/1990** 3a. Date of Last Report **04/21/1995**

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

4. FEI Number **65-0201227** 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**

**10. Name and Address of New Registered Agent**

LEVIN, STANTON G.  
1570 MADRUGA AVE.  
CORAL GABLES FL 33146

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 officer 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADBENT, CARL A.	1.2 NAME	
STREET ADDRESS	3738 PINE TREE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, RENATE	2.2 NAME	ADELE NEUJANN
STREET ADDRESS	1800 NE 114TH ST.	2.3 STREET ADDRESS	1717 N. Bayshore Dr. Apt. 2231
CITY-ST-ZIP	NO. MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, ARLENE	3.2 NAME	ANITA RICCI
STREET ADDRESS	15272 SW 46 LANE #G	3.3 STREET ADDRESS	230-174th St., Apt. 1619
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33160
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, SARA F.	4.2 NAME	ROSA-RITA GONZALEZ
STREET ADDRESS	13700 S.W. 82ND AVE.	4.3 STREET ADDRESS	230-174th St. (Apt. 1508)
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: ROSA-RITA GONZALEZ

*Rosa-Rita Gonzalez*

Feb. 6, 1996

(305) 932-4692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)