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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38690** (6)
1. Corporation Name
THE FRIENDS OF THE UNIVERSITY OF MIAMI SCHOOL OF MUSIC, INC.

Principal Place of Business C/O STANTON G. LEVIN 1570 MADRUGA AVE. CORAL GABLES FL 33146	Mailing Address C/O STANTON G. LEVIN 1570 MADRUGA AVE. CORAL GABLES FL 33146-3040
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/18/1990	3a. Date of Last Report 02/12/1996
4. FEI Number 65-0201227	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEVIN, STANTON G.
1570 MADRUGA AVE.
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BROADBENT, CARL A.	
STREET ADDRESS	3738 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ADELE, NEUMANN	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE, APT. 2231	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RICCI, ANITA	
STREET ADDRESS	230-174TH STREET, APT. 1619	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ROSA-RITA	
STREET ADDRESS	230-174TH STREET, APT. 1508	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADELE NEUMANN	
1.3 STREET ADDRESS	1717 N. Bayshore Dr. Apt. 2231	
1.4 CITY-ST-ZIP	Miami, FL 33132	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOR W. BRUCE, PH.D.	
2.3 STREET ADDRESS	3252 Riviera Drive	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134-6400	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	YOLANDA WOODBRIDGE	
3.3 STREET ADDRESS	550 Biltmore Way, Suite 730	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **ROSA-RITA GONZALEZ** *Rosa-Rita Gonzalez* January 21, 1997 (305) 932-4692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030518

CR2E037 (9/96)