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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N38690

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



2. Principal Place of Business

21 6200 Saw Amaro Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
 06/18/1990

4. FEI Number
 65-0201227

Applied For
 Not Applicable

22 City & State

23 Coral Gables FL

27 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 33146-1514 25 USA

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
 NAME ADELE, NEUMANN
 STREET ADDRESS 1717 NORTH BAYSHORE DRIVE, APT. 2231
 CITY-ST-ZIP MIAMI FL

TITLE DT
 NAME GONZALEZ, ROSA-RITA
 STREET ADDRESS 230-174TH STREET, APT. 1508
 CITY-ST-ZIP MIAMI BEACH FL

TITLE DV
 NAME BRUCE, THOR W PHD
 STREET ADDRESS 3252 RIVIERA DR
 CITY-ST-ZIP CORAL GABLES FL

TITLE DS
 NAME WOODBRIDGE, YOLANDA
 STREET ADDRESS 550 BILTMORE WAY, STE 730
 CITY-ST-ZIP CORAL GABLES FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
 1.2 NAME JULIA BENAVIDES
 1.3 STREET ADDRESS 918 East Ponce de Leon Blvd, # 3
 1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE DIV/T
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE DS
 4.2 NAME VALERIE CANNATA
 4.3 STREET ADDRESS 2841 NE 163 STREET, # 601
 4.4 CITY-ST-ZIP North Miami Beach, FL 33160

5.1 TITLE
 5.2 NAME
 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: [Signature] SIGNATURE REQUIRED BENAVIDES, 4/23/99 (305) 445-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)