

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003425 (4)**  
1. Corporation Name  
**BROWARD MUSICIANS ASSOCIATIONS, INC.**



Principal Place of Business 6225 DEWEY ST. HOLLYWOOD FL 33023	Mailing Address 6225 DEWEY ST. HOLLYWOOD FL 33023-1822
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3. Date Incorporated or Qualified <b>07/18/1995</b>	3a. Date of Last Report <b>06/14/1996</b>
4. FEI Number <b>65-0598154</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**GUERRESCHI, GLORIA  
13780 NW 4 PLACE  
NO MIAMI FL 33168**

10. Name and Address of New Registered Agent

11 Name
12 Street Address (P.O. Box Number is Not Acceptable)
13
14 City
15 State
16 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	<b>PD - Consultant - D</b>	<input type="checkbox"/> DELETE
NAME	<b>AMANN, JEROME</b>	
STREET ADDRESS	<b>6225 DEWEY ST.</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>TD - Treasurer - D</b>	<input type="checkbox"/> DELETE
NAME	<b>GUERRESCHI, GLORIA</b>	
STREET ADDRESS	<b>13780 NW 4TH PL.</b>	
CITY - ST - ZIP	<b>N. MIAMI FL 33168</b>	
TITLE	<b>VD - President - D</b>	<input type="checkbox"/> DELETE
NAME	<b>ORILLO, FRANK</b>	
STREET ADDRESS	<b>4501 LINCOLN ST.</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33021</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	
1.4	
2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3	
2.4	
3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	
3.3	
3.4	
4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	
4.3	
4.4	
5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	
5.3	
5.4	
6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	
6.3	
6.4	

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 correct 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: *Gloria Guerreschi* **April 25<sup>th</sup>, 1997 (305)-681-5484**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023574

CR2E037 (9/96)