

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

**FILED**

**Jul 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002811 (5)**  
 Corporation Name  
**MIAMI PAN SYMPHONY STEEL ORCHESTRA, INC.**



Principal Place of Business <b>10715 SW 190TH ST BAY 61 MIAMI FL 33157</b>	Mailing Address <b>10715 SW 190TH ST BAY 61 MIAMI FL 33157</b>
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3. Date Incorporated or Qualified <b>05/20/1996</b>	
4. FEI Number <b>65-0781867</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>10755 SW 190 ST</b> Suite, Apt. #, etc. <b>BAY 61</b> City & State 23 <b>MIAMI, FLORIDA</b> Zip 24 <b>33157</b>	2a. Mailing Address 26 <b>10755 SW 190 ST</b> Suite, Apt. #, etc. <b>BAY 61</b> City & State 27 <b>MIAMI, FLORIDA</b> Zip 29 <b>33157</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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**9. Name and Address of Current Registered Agent**

**JENNINGS, BRENDA**  
**9355 SW 181ST TERRACE**  
**MIAMI FL 33157**

**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

**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 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 **BRENDA JENNINGS - SECRETARY** *Brenda Jennings* **5/14/98**  
 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FERMIN, CARL</b>
STREET ADDRESS	<b>27100 SW 121ST CT</b>
CITY-ST-ZIP	<b>HOMESTEAD FL 33032</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DU VERNEY, CORNEL</b>
STREET ADDRESS	<b>20784 SW 106TH CT</b>
CITY-ST-ZIP	<b>MIAMI FL 33189</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JENNINGS, BRENDA</b>
STREET ADDRESS	<b>9355 SW 181ST TERR</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DEBRA BANNANTYNE</b>
1.3 STREET ADDRESS	<b>20230 SW 104 CT.</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33189</b>
2.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ABBAM, DAWN</b>
2.3 STREET ADDRESS	<b>20011 SW 114 AVE</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33189</b>
3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MOORE, CHARLES</b>
3.3 STREET ADDRESS	<b>19032 SW 118 LANE</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33157</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>400002586044</b>
4.3 STREET ADDRESS	<b>-07/13/98--01019--050</b>
4.4 CITY-ST-ZIP	<b>***13.75</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>400002586044</b>
5.3 STREET ADDRESS	<b>-07/13/98--01019--049</b>
5.4 CITY-ST-ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*A. J. 10*

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.

SIGNATURE: *Brenda Jennings* **BRENDA JENNINGS** (305) 361-3770

CR2E037 (10/97)