

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90179 050 ****61.25

DOCUMENT # N9800000818

1. Corporation Name
PAUL W. BELL MIDDLE SCHOOL MUSIC BOOSTER ASSOC., INC.

Principal Place of Business 11800 NW 2ND STREET MIAMI FL 33182
Mailing Address 13077 NW 2ND TERRACE MIAMI FL 33182



21. Principal Place of Business School	2a. Mailing Address	3. Date Incorporated or Qualified 02/11/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0792133
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip Country	25. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	

9. Name and Address of Current Registered Agent PEREZ, MARIA 13377 NW 2ND TERRACE MIAMI FL 33182	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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: Maria Perez, President DATE: 4-16-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President (T) Title <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Maria Perez	1.2 NAME	1.2 NAME	
STREET ADDRESS 13377 NW 2 Terr	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP Miami FL 33182	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Vice President (T) <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Elizabeth Bianco	2.2 NAME	2.2 NAME	
STREET ADDRESS 15021 SW 150 Ct.	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP Miami FL 33196	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE Secretary (D) <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE Secretary (T) Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dixy Suarez	3.2 NAME	3.2 NAME Vivian Alonso	
STREET ADDRESS 13931 SW 16 St.	3.3 STREET ADDRESS	3.3 STREET ADDRESS 1054 SW 124 St	
CITY-ST-ZIP Miami FL 33175	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP Miami FL 33184	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	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)(a), 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 (i)k empowered.

SIGNATURE: Maria Perez DATE: 4-16-99 (305) 591-693

CR2E037-11/98