I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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	
above, or on an attachment with all other like empowered.	

SIGNATURE: ADOLFO VIDAL

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 6625 MIAMI LAKES DRIVE, SUITE 240 MIAMI LAKES, FL 33014

Current Mailing Address:

DOCUMENT# N11000002152

6625 MIAMI LAKES DRIVE E., SUITE 240 MIAMI LAKES. FL 33014 US

FEI Number: 27-5346907

Name and Address of Current Registered Agent:

VIDAL, ADOLFO 2200 BRICKELL AVE #9 MIAMI, FL 33129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SOUTH FLORIDA FRIENDS OF CLASSICAL MUSIC, INC

Officer/Director Detail :

Title	PRESIDENT	Title	EXECUTIVE SECRETARY
Name	VIDAL, ADOLFO	Name	RAQUEL, CASTANEDA
Address	2200 BRICKELL AVE #9	Address	4435 SW 160 AVE. #102
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIRAMAR FL 33027
Title	VP	Title	ASST. TREASURER
Name	NEFODOVA, OLGA	Name	SAFONT, NOEL
Name Address	NEFODOVA, OLGA 19968 NE 5 CT 1-E	Name Address	SAFONT, NOEL 3610 NW 211 ST

y-State-Zip.	WIRAWAR FL 33027
le	ASST. TREASURER
ime	SAFONT, NOEL
dress	3610 NW 211 ST
y-State-Zip:	MIAMI GARDENS FL 33056

PRESIDENT

Certificate of Status Desired: No

Date

04/12/2019 Date