

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 7:49

DOCUMENT # **717360 (2)**
1. Corporation Name
UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1046 ALFONSO AVE.
CORAL GABLES FL 33146**

Mailing Address
**1046 ALFONSO AVE.
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/16/1969** 3a. Date of Last Report **08/05/1994**
4. FEI Number **59-1731554** Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HIRSCHBERT, JOSEPH G
1046 ALFONSO AVE.
CORAL GABLES FL 33146**

10. Name and Address of Now Registered Agent

81 Name **HIRSCHBERG, JOSEPH G.**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Joseph G. Hirschberg* **JOSEPH G. HIRSCHBERG** 3/6/95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BYRNE, JAMES D
STREET ADDRESS	851 BLUE RIDGE WAY
CITY-ST-ZIP	DANIA FL 33325
TITLE	ST
NAME	HIRSCHBERG, JOSEPH G. DR
STREET ADDRESS	1046 ALFONSO AVE
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	D
NAME	LEU, WILBUR K
STREET ADDRESS	4311 S.W. 16TH ST.
CITY-ST-ZIP	MIAMI FL 33134
TITLE	D
NAME	DI MARIO, ARTHUR
STREET ADDRESS	12831 S.W. 115TH TERRACE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D
NAME	WELLINGTON, JAMES W
STREET ADDRESS	212 PHOENETIA AVE., NO 4
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph G. Hirschberg* **JOSEPH G. HIRSCHBERG** 3/6/95 395/665-9864
Signature and typed or printed name of signing officer or director DATE Telephone #