

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717360 (2)

1. Corporation Name
UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPORATED



Principal Place of Business: 1046 ALFONSO AVE. CORAL GABLES FL 33146
Mailing Address: 1046 ALFONSO AVE. CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 10/16/1969
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 59-1731554 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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 New Registered Agent: 81 Name: HIRSCHBERG, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City: FL, 85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: BYRNE, JAMES D	1.1 TITLE: P	1.2 NAME: BURCH STEWART
STREET ADDRESS: 851 BLUE RIDGE WAY	CITY-ST-ZIP: DANIA FL 33325	1.3 STREET ADDRESS: 1394 NW 192nd LANE	1.4 CITY-ST-ZIP: PEMBROKE PINES, FL 33029
TITLE: ST	NAME: HIRSCHBERG, JOSEPH G. DR	2.1 TITLE: P	2.2 NAME: BYRNE, JAMES D.
STREET ADDRESS: 1046 ALFONSO AVE	CITY-ST-ZIP: CORAL GABLES FL 33146	2.3 STREET ADDRESS: 851 BLUE RIDGE WAY	2.4 CITY-ST-ZIP: DAVIE, FL 33325
TITLE: D	NAME: LEU, WILBUR K	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 4311 S.W. 16TH ST.	CITY-ST-ZIP: MIAMI FL 33134	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: D	NAME: DI MARIO, ARTHUR	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 12831 S.W. 115TH TERRACE	CITY-ST-ZIP: MIAMI FL 33186	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: WELLINGTON, JAMES W	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 212 PHOENETIA AVE., NO 4	CITY-ST-ZIP: CORAL GABLES FL 33134	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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 119.07(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 617, 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 02/05/96 305-665-9864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)