FILE NOW: FILING FEE IS \$61.25



1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #750086

MIAMI CHAMBER SYMPHONY, INC.

FILED

97 DEC 31 AM 8: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

District District District				
Principal Place of Business Mailing Address Mailing Address			-	
Stogo NORTH KENDAU BR. 901 100 100 SINCE				
5690 NORTH KENDAU BR. 301 NE 1 MIAMI FL 33156 N. MIAMI		9 2241		
		172 20161	3. Date Incorporated or Qualified 3	a. Date of Last Report
			03/69/1981	_05116196
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2220931	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional
				Fee Required
City & State	<u>├</u> ─		6. Flection Campaign Financing	\$5.00 May Be
Zip Country		Country	1rust Fund Contribution	
24 25	►··1 '	10	8. This corporation has liability for intan	ngible tax under s. 199.032, is No
9. Name and Address of Curre		1	10. Name and Address of New Registe	
MARIAN A. SCHWEIGER 901 NE 125th Street #107 B2 Street Address (P.O. Box Number is Not Acceptable) N. MICMI FL 33/61 B3				
1 901 NE 12576S	Mach #107	Y 82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
11 0010	22//	83		
1 Niami +C	<i>53161</i>		·	
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.05	02 and 617 1508 Florida Statutos	the above-named core		
 office or registered agent, or both, in the Stat 	e of Florida. Such change was au	thorized by the corporati	ion's board of directors. Thereby accept the	e appointment as registered
agent. I am familiar with, and accept the obli	gations of, Section 617.0503, Flori	da Statutes		
SIGNATURE	reed and the Planch able (NOTE)	Registered Agent signature require	ed when reinstation)	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE TO	☐ DELETE	1.1 TOLE		Change Addition
NAME ANDIAN SCHOOL	E16ER Inc	1.2 NAME		-
NAME MARIAN SCHW STREET ADDRESS 901 NG 125	16 STREET #109	1.3 STRELT ADDRESS		
CITY-ST-ZIP NORTH MIAN	111 FL 33/101	1.4 CITY - ST - ZIP		
TITLE X	DELETE	2.1 TITLE		Change Addition
NAME DISTON	,	2.2 NAME	والمناء والمال والمال والمال والمال والمال المال والمال المال المال والمال والمال والمال والمال والمال والمال	لين سورسريس يس
STREET ADDRESS DINES & BURTON	ATHA AVE.	2.3 STREET ADDRESS	5000023: -01/06/9	31265-11
CITY-ST-ZIP MAIN FL	33/37	2 4 C(1Y-\$1-ZIP	701/U6/3i ************************************	801083002
TILLE " DS	DELETE	3 1 1016	**************************************	- 25 Criange P Addition
NAME SULLILAN. PA	TRKK.	3.2 NAME		İ
STREET ADDRESS QUI MASURE	A AUE ,	3 3 STREET ADDRESS		
CITY-ST-ZIP CORAL GAB	LES, #L 33/34	3.4 CITY - S1 - 7/P		
TITLE	DELFTE	4.1 Till (E	7.77	Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-7/P		
TITLE	DELETE	5 1 100		Change Addition
NAME		5.2 NAME]
STREET ADDRESS		5.3 STREET ADORESS		
CITY-ST-ZIP		5.4 City-S1-ZiP		
TITLE	DELETE	6.1 TITLE		Pliange Addition
NAME		6.2 NAME		Y 84/
STREET ADDRESS		6.3 STREET ADDRESS		(U)
CITY-ST-ZIP		6.4 C(1Y-S1-Z)P		- (ツ/ -
14. I do hereby certify that the information supplied	ed with this filing does not qualify f	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. Lfc	orther certify that the

Information indicated on this animal open must miss use an quanty or me exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this animal 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 perporation 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 ill changed, or on an attachment with an address.

PRINTED NAME OF BIONING OFFICER OR DIRECTOR

LAW OFFICES OF MARIAN A. SCHWEIGER

SUITE 109 901 N.E. 125TH STREET NORTH MIAMI, FLORIDA 33161

TELEPHONE: (305) 891-1442

FACSIMILE: (305) 891-6104

December 30, 1997

Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314 Attn: Leslie Sellers

RE: Miami Chamber Symphony, Inc. Ref. #756686

Dear Ms. Sellers:

In response to your correspondence of December 23, 1997, we have completed the 1997 Annual Report for Miami Chamber Symphony, Inc. and enclose a check for \$61.25 for the filing fee.

We ask that the reinstatement fee be waived because the return was timely filed, as shown by a copy of the return and check dated January 3, 1997 which was completed and mailed from this office at that time.

Thank you for your attention to this matter.

Very truly yours,

MARIAN A. SCHWEIGER

MAS/me

cc: Burton Dines