SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 8:58

DOCUMENT # N40824 (7)

1. Corporation Name
YOUTH PHILHARMONIC ORCHESTRA, INC.

Principal Place of Business	Mailing Address
650 SOLANO PRADO P.O. BOX 561583 MIAMI FL 33256-6583	650 SOLANO PRADO P.O. BOX 561583 MIAMI FL 33256-6583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1990
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0227595 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 18326 SW 83 Pl.	26 18326 SW 83 Pl.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33157-6187 Country 25 USA	Zip 29 33157-6187 Country 30 USA

9. Name and Address of Current Registered Agent

KIM, JAMES
650 SOLANO PRADO
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent

81 Name: Marsha A. Morris
82 Street Address (P.O. Box Number is Not Acceptable): 18326 SW 83 Pl.
83
84 City: Miami FL 85 Zip Code: 33157-6187

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: Marsha A. Morris — Signature, typed or printed name of registered agent and title if applicable
Marsha A. Morris — (NOTE: Registered Agent signature required when reinstating)
DATE: 06/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DEBARDELABEN, ARLEN	12 NAME	Bonnie Robbins	
STREET ADDRESS	1510 DELGADO	13 STREET ADDRESS	10220 SW 134 St.	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Miami, FL 33158	
TITLE	VD	21 TITLE	TD	☒ Change ☐ Addition
NAME	JAMES, KIM	22 NAME	Marsha A. Morris	
STREET ADDRESS	650 SOLANO PRADO	23 STREET ADDRESS	18326 SW 83 Pl	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Miami, FL 33157	
TITLE	STD	31 TITLE	D	☒ Change ☐ Addition
NAME	NEWMAN, GAIL	32 NAME	Debbie Brown	
STREET ADDRESS	3430 SADDLEBROOK LANE	33 STREET ADDRESS	8250 SW 170 St.	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	Miami, FL 33157	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(i), 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: Marsha A. Morris/Marsha A. Morris 06/21/95 305 255-1543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00180920