


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003425 (4) 1. Corporation Name BROWARD MUSICIANS ASSOCIATIONS, INC.			
Principal Place of Business 6225 DEWEY ST. HOLLYWOOD FL 33023		Mailing Address 6225 DEWEY ST. HOLLYWOOD FL 33023-1822	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 07/18/1995		3a. Date of Last Report 06/14/1996	
4. FEI Number 65-0598154		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GUERRESCHI, GLORIA 13780 NW 4 PLACE NO MIAMI FL 33168		10. Name and Address of New Registered Agent 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 14 City 15 FL 16 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			
TITLE	PD - Consultant - D	<input type="checkbox"/> DELETE	
NAME	AMANN, JEROME		
STREET ADDRESS	6225 DEWEY ST.		
CITY - ST - ZIP	HOLLYWOOD FL 33023		
TITLE	TD - Treasurer - D	<input type="checkbox"/> DELETE	
NAME	GUERRESCHI, GLORIA		
STREET ADDRESS	13780 NW 4TH PL.		
CITY - ST - ZIP	N. MIAMI FL 33168		
TITLE	VD - President - D	<input type="checkbox"/> DELETE	
NAME	ORILLO, FRANK		
STREET ADDRESS	4501 LINCOLN ST.		
CITY - ST - ZIP	HOLLYWOOD FL 33021		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2			
1.3			
1.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1			
2.2			
2.3			
2.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1			
3.2			
3.3			
3.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1			
4.2			
4.3			
4.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1			
5.2			
5.3			
5.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1			
6.2			
6.3			
6.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing 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 correct 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: <i>Gloria Guerreschi</i> Date: <i>April 25, 1997</i> (305)-681-5484			

CR2E037 (9/96)