

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996**



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

**DOCUMENT # N95000004362 (8)**

1. Corporation Name  
**MIAMI PHILHARMONIC STEEL & PERCUSSION ORCHESTRA, INC.**



Principal Place of Business Mailing Address  
**340 NE 170TH STREET STE 101 NO. MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified **09/11/1995** 3a. Date of Last Report  
 4. FEI Number **65-0613179** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**WATSON, BRAD  
 340 NE 170TH STREET STE 101  
 NO. MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent  
 81 Name  
 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 Brad Watson - Director Brad Watson DATE 7/30/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	- Officer - <input type="checkbox"/> DELETE	1.1 TITLE	- Officer - <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcy Gonzalez Mock	1.2 NAME	Beck, Meiswender
STREET ADDRESS	5560 NE 5TH AV.	1.3 STREET ADDRESS	1275 SW 46TH AV
CITY-ST-ZIP	Miami, FL 33137	1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	- Officer - <input type="checkbox"/> DELETE	2.1 TITLE	- Officer - <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Walker	2.2 NAME	Israel Ramirez
STREET ADDRESS	8836 Harding Av	2.3 STREET ADDRESS	5320 Queen Lake Terr.
CITY-ST-ZIP	Suntside, FL 33154	2.4 CITY-ST-ZIP	Dania, FL 33331
TITLE	- Officer - <input type="checkbox"/> DELETE	3.1 TITLE	- Officer - <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colin Clarke	3.2 NAME	Gary Mayone
STREET ADDRESS	7533 Bounty Av.	3.3 STREET ADDRESS	2832 NW 40ST
CITY-ST-ZIP	Mc Bay Village, FL 33141	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33310
TITLE	D - Director - <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brad Watson	4.2 NAME	
STREET ADDRESS	340 NE 170 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N.M.B., FL 33162	4.4 CITY-ST-ZIP	
TITLE	T - Trustee - <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mikhail Mikhelson	5.2 NAME	
STREET ADDRESS	2855 Leonard Dr. #11-104	5.3 STREET ADDRESS	
CITY-ST-ZIP	N.M.B., FL 33160	5.4 CITY-ST-ZIP	
TITLE	T - Patrick Harris (Trustee)	6.1 TITLE	300001926008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-08/20/96--01040--014
STREET ADDRESS	19800 SW 180 A #3	6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	Miami, FL 33187	6.4 CITY-ST-ZIP	

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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 199.03(1)(b), 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: Brad Watson DATE 7/30/96 Daytime Phone # 651-2328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)