

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004362 (8)
 1. Corporation Name
MIAMI PHILHARMONIC STEEL & PERCUSSION ORCHESTRA, INC.



Principal Place of Business 340 NE 170TH STREET STE 101 NO. MIAMI BEACH FL 33162	Mailing Address 340 NE 170TH STREET STE 101 NO. MIAMI BEACH FL 33162-2334
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3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 08/19/1996
4. FEI Number 65-0613179	Applied For <input type="checkbox"/> 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip Country
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input type="checkbox"/> DELETE	1.1 TITLE	T Steve Lack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, BRAD	1.2 NAME	11035 SW 152nd Court
STREET ADDRESS	340 NE 170TH STREET	1.3 STREET ADDRESS	Miami, FL, 33196
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKHELSON, MIKHAIL	2.2 NAME	Gary Mayone
STREET ADDRESS	2855 LEONARD DR. #H-104	2.3 STREET ADDRESS	2924 NW 48th Street
CITY-ST-ZIP	N. MIAMI BCH. FL 33160	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, PATRICK	3.2 NAME	Israel Ramirez
STREET ADDRESS	19800 SW 180TH AVE. #3	3.3 STREET ADDRESS	5960 Queenslake Drive
CITY-ST-ZIP	MIAMI FL 33187	3.4 CITY-ST-ZIP	Davie, FL 33324
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Dennis Kline
STREET ADDRESS		4.3 STREET ADDRESS	1700 NE 112th Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Barbara Lack
STREET ADDRESS		5.3 STREET ADDRESS	5888 NW 58th Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Panorama, FL 33067
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 *Richard Bradshaw Watson, II* **Richard Bradshaw Watson, II**

CR2E037 (9/96)