

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
 340 NE 170TH STREET STE 101 NO. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified
 09/11/1995
 4. FEI Number 65-0613179 Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	WATSON, BRAD
STREET ADDRESS	340 NE 170TH STREET
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162
TITLE	T <input type="checkbox"/> DELETE
NAME	MIKHILSON, MIKHAIL
STREET ADDRESS	2855 LEONARD DR. #H-104
CITY-ST-ZIP	N. MIAMI BCH. FL 33180
TITLE	T <input type="checkbox"/> DELETE
NAME	HARRIS, PATRICK
STREET ADDRESS	19800 SW 180TH AVE. #3
CITY-ST-ZIP	MIAMI FL 33187
TITLE	T <input type="checkbox"/> DELETE
NAME	LACK, STEVE
STREET ADDRESS	11035 SE 152ND COURT
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MAYONE, GARY
STREET ADDRESS	2924 NW 48TH STREET
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	M <input type="checkbox"/> DELETE
NAME	RAMIREZ, ISRAEL
STREET ADDRESS	5960 QUEENSLAKE DRIVE
CITY-ST-ZIP	DAVE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOPE C. ARANGUREN
1.3 STREET ADDRESS	3711 NW 2ST
1.4 CITY-ST-ZIP	MIAMI, FLA 33126
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Brad Watson* *Brad Watson* 7/20/98 305-651-2328
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)