

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 004 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004362

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

615953 - 90007 - 5 3 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/11/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0613179	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		Added to Fees \$5.00 May Be	

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

9/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, BRAD	1.2 NAME	Marlon Moore
STREET ADDRESS	340 NE 170TH STREET	1.3 STREET ADDRESS	340 NE 170st
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33162
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKHELSON, MIKHAIL	2.2 NAME	
STREET ADDRESS	2855 LEONARD DR. #H-104	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33160	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, PATRICK	3.2 NAME	
STREET ADDRESS	19800 SW 180TH AVE. #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACK, STEVE	4.2 NAME	
STREET ADDRESS	11035 SE 152ND COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYONE, GARY	5.2 NAME	
STREET ADDRESS	2924 NW 48TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, ISRAEL	6.2 NAME	
STREET ADDRESS	5960 QUEENSLAKE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	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, with all other like empowered.

SIGNATURE:

Brad Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

9/10/99 305-651-2328

0004488

CR2E037 (5/99)