


FILING FEE IS \$61.25

FILED

Jun 24 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N960000000651 1. Corporation Name FLORIDA BANDLEADERS ASSOCIATION INC.					
Principal Place of Business 5330 NW 182 St Miami Florida 33055			Mailing Address 5330 NW 182 St Miami Florida 33055		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified MARCH 11, 1996 3a. Date of Last Report N/A 4. FEI Number 593438381 5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GLENN PEDRO 501 SW 64th Terrace PEMBROKE PINES, 33023			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11 TITLE PRESIDENT P/D. 12 NAME ELISON WONG 13 STREET ADDRESS 5330 NW 182 St 14 CITY-ST-ZIP Miami, FL, 33055		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			21 TITLE PUBLIC RELATIONS OFFICER 22 NAME GLENN PEDRO 23 STREET ADDRESS 501 SW 64th Terrace 24 CITY-ST-ZIP Pembroke Pines 33023		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE Public relations officer D. 32 NAME JUNIOR FRED WOOD 33 STREET ADDRESS 3516 NW 24 St 34 CITY-ST-ZIP LAUDERDALE LAKES, 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE 62 NAME 63 STREET ADDRESS 64 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.			700002222137 -06/25/97--01004--001 ***70.00		
SIGNATURE: ELISON T. WONG 4-10-97 (305) 624-4580 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					