

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90277 021 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01505**

1. Corporation Name

**YOUNG PATRONESSES OF THE OPERA, INC.**

Principal Place of Business

175 NW FIRST AVENUE  
 11TH FLOOR  
 MIAMI FL 33128

Mailing Address

~~201 S. BISCAYNE BLVD.~~ **1200 CORAL WAY**  
~~STE 2400~~ **Miami, FL**  
~~MIAMI FL 33131~~ **33145**  
~~US~~



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/17/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2576906
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	<input type="checkbox"/> \$8.75 Additional Fee Required
25	31	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~MINER, JOHN~~  
~~201 S. BISCAYNE BLVD.~~  
~~STE 2400~~  
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name **DAWN EURINGER, ESQ**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 CORAL WAY**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33145**

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

*Dawn Euringer*

4/17/99

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUENCH, ANY	1.2 NAME	MARIA ROSA LOPEZ-MUNDOZ
STREET ADDRESS	1200 CORAL WAY	1.3 STREET ADDRESS	1200 CORAL WAY
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITA, PATRICIA	2.2 NAME	GENA KUCZWANSKI
STREET ADDRESS	1200 CORAL WAY	2.3 STREET ADDRESS	1200 CORAL WAY
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCWANSKI, GENA	3.2 NAME	JANICE RUSSELL
STREET ADDRESS	1200 CORAL WAY	3.3 STREET ADDRESS	1200 CORAL WAY
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIELER, LUCIE	4.2 NAME	AMY BLOCK
STREET ADDRESS	1200 CORAL WAY	4.3 STREET ADDRESS	1200 CORAL WAY
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, ISABELLA	5.2 NAME	LUCIE SPIELER
STREET ADDRESS	1200 CORAL WAY	5.3 STREET ADDRESS	1200 CORAL WAY
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTRIGE, BEVERLY	6.2 NAME	Isabella Roman
STREET ADDRESS	1200 CORAL WAY	6.3 STREET ADDRESS	1200 CORAL WAY
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL

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:

*GENA KUCZWANSKI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99 (305) 443-0144

Date Daytime Phone #

CR2E037 (11/98)