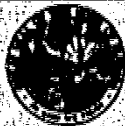


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE AUGUST 8, 1995: \$100 (IF OVERPAID, EXCESS AMOUNT DUE TO RESTATE: \$000)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711080

(2)

1. Corporation Name

SPANISH LYRIC THEATRE, INC.

Principal Place of Business

1032 CORAL STREET
TAMPA FL 33602

Mailing Address

1032 CORAL STREET
TAMPA FL 33602

FILED
95 JUL 10 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1966

3a. Date of Last Report

12/19/1994

4. FEI Number

23-7008335

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GONZALEZ, RENE J
1032 CORAL STREET
TAMPA FL 33602

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

Rene J. Gonzalez

(NOTE: Registered Agent signature required when reappointing)

DATE

6/28/95

12. OFFICERS AND DIRECTORS

TITLE CD
NAME ANTON, LEONARD
STREET ADDRESS 15415 E. POND WOODS DRIVE
CITY- ST- ZIP TAMPA FL 33618

TITLE VD
NAME FAVATA, MARTIN
STREET ADDRESS 4708 LEONA STREET
CITY- ST- ZIP TAMPA FL 33611

TITLE TD
NAME BONIS, OSCAR
STREET ADDRESS 510 COLUMBIA DRIVE
CITY- ST- ZIP TAMPA FL 33606

TITLE SD
NAME TAYLOR, SUSAN DR.
STREET ADDRESS 401 W. KENNEDY BLVD.
CITY- ST- ZIP TAMPA FL 33608

TITLE D
NAME TIMBERLAKE, THOMAS
STREET ADDRESS 2701 N. HIMES AVENUE., #201
CITY- ST- ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard Anton

6/28/95

DATE

(813) 278-9709

DAYTIME PHONE #