

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767031 (8)

1. Corporation Name
MEN'S OPERA GUILD, INC.



Principal Place of Business
**1800 NE 114TH ST., #403 (33181)
N. MIAMI FL 33261**

Mailing Address
**P O BOX 612302
N MIAMI FL 33261
US**

3. Date Incorporated or Qualified
02/15/1983

3a. Date of Last Report
02/15/1995

4. FEI Number
59-2302058

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

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

9. Name and Address of Current Registered Agent

**ADLER, CHARLES S.
1800 N.E. 114 ST., #403
N MIAMI FL 33181**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ECD	<input type="checkbox"/> DELETE
NAME	CADES, RALPH	
STREET ADDRESS	10155 COLLINS AVE. #902	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MYERS, WILLIAM	
STREET ADDRESS	10155 COLLINS AVE., #1009	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, MICHAEL	
STREET ADDRESS	401 SUNSET DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARISH, JEROME	
STREET ADDRESS	3545 N.E. 168TH ST., #304	
CITY-ST-ZIP	N.MIAMI BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ADLER, CHARLES	
STREET ADDRESS	1800 NE 114TH ST., #403	
CITY-ST-ZIP	N.MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Charles S. Adler, Treasurer 1/31/96 305-891-1714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)