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Mar 11 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 # 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 33261-2302
US



3. Date Incorporated or Qualified
02/15/1983

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ECD ☒ DELETE
NAME CADES, RALPH
STREET ADDRESS 10155 COLLINS AVE. #902
CITY-ST-ZIP BAL HARBOUR FL Deceased

TITLE P ☐ DELETE
NAME MYERS, WILLIAM
STREET ADDRESS 10155 COLLINS AVE., #1009
CITY-ST-ZIP BAL HARBOUR FL

TITLE D ☐ DELETE
NAME MORGAN, MICHAEL
STREET ADDRESS 401 SUNSET DRIVE
CITY-ST-ZIP HALLANDALE FL

TITLE SD ☐ DELETE
NAME BARISH, JEROME
STREET ADDRESS 3545 N.E. 166TH ST., #304
CITY-ST-ZIP N.MIAMI BCH. FL

TITLE TD ☐ DELETE
NAME ADLER, CHARLES
STREET ADDRESS 1800 NE 114TH ST., #403
CITY-ST-ZIP N.MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman of Board of D. ☒ Change ☐ Addition
1.2 NAME Benjamin Oremland
1.3 STREET ADDRESS 9801 Collins Ave. #10S
1.4 CITY-ST-ZIP Bal Harbour, FL 33154

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

305-891-1714
Daytime Phone # 0034102

CR2E037 (9/96)