

1999

FEE IS \$61.25

FILED

Jan 26, 1999 8:00am
Secretary of State

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Annual Non-Profit Report

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767031

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/15/1983

4. FEI Number

59-2302058

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETEC MEYERS, WILLIAM
10155 COLLINS AVE., #1019
BAL HARBOUR FL 33154TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETEP TASCOTTI, DANIEL
11901 N W 21ST ST
PEMBROKE PINES FL 33026TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETED MORGAN, MICHAEL
407 SUNSET DRIVE
FALLANDALE FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETESD BARISH, JEROME
3545 N.E. 166TH ST., #304
N MIAMI BCH. FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETETD ADLER, CHARLES
1800 NE 114TH ST., #403
N MIAMI FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (305) 891-1714
Date Daytime Phone #

CR2E037 (11/98)