NONPROFIT CORPORATION ANNUAL REPORT



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

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FLUHIDA GHAND OPERA, INC. Principal Place of Business Mailing Address 1200 CORAL WAY 1200 CORAL WAY MIAM! FL MIAMI FL 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0496477 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VALDES-FAULI CORPORATE SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 2 S. BISCAYNE BLVD. SUITE 3400 **MIAMI FL 33131** 84 City 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **FA** DELETE 1.1 TITLE Change Addition NAME AGUIRRE, HORACIO ROBERT HEUER 1.2 NAME 1200 CORAL WAY CORAL WAY STREET ADDRESS 1.3 STREET ADDRESS 1900 MIAMI FL MIAMI, FL 33145 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition P/P Change FELTENSTEIN, SIDNEY J NAME 2.2 NAME JOSE VALDES-FAULI 1200 CORAL WAY STREET ADDRESS 2.3 STREET ADDRESS 799 BRICKELL AUG. MIAMI FL CITY - ST - ZIP 2 4 CITY - ST - 7IP MIAMI, FL 33131 TITLE **1**OELETE 31 TITLE Change TID Addition HARDIN, CLARA K NAME 3.2 NAME THEODIRE SPAK 1200 CORAL WAY STREET ADDRESS 3.3 STREET ADDRESS 501 CALATRAVA COURT **MIAMI FL** CITY-ST-ZIP 34 CITY-ST-ZIP COPAL GABLES, FL 3314 TITLE DELETE 41 TITLE Addition ٧ID HECHT, FLORENCE MICHAEL BIENES NAME 4. 2 NAME 1200 CORAL WAY 141 BAY COLONY DR. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP FORT LAUDERDALE, FL 33308 DELETE 51 TITLE **▶** Addition HERRON, JAMES M NAME 52 NAME FROSENE SONDERLING 1200 CORAL WAY 4403 PINE TREE OF STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP MIAMI BEACH, FL 33140 54 CITY-ST-ZIP DELETE TITLE D 61 TITLE Change Addition HILLS, LEE NAME PAT HELMUS 62 NAME 5141 NE 30th TERR. 1200 CORAL WAY STREET ADDRESS 6.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP LIGHTHOUSE POINT, FL 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENERAL MANAGER

5/19/6

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