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**May 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000000903

1. Corporation Name  
**CIRCULO LIRICO DE LA OPERA, INC.**

Principal Place of Business  
**918 EAST PONCE DE LEON #3 CORAL GABLES FL 33134 US**

Mailing Address  
**918 EAST PONCE DE LEON #3 CORAL GABLES FL 33134 US**



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21	Suite, Apt. #, etc.	26	02/20/1996
22	City & State	27	4. FEI Number 65-0708422
23	Zip	28	Applied For Not Applicable
24	Country	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25		30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BENAVIDES, MERCEDES J 918 EAST PONCE DE LEON CORAL GABLES FL 33134		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENAVIDES, MERCEDES J	1.2 NAME	Bonnie Boddicker
STREET ADDRESS	918 EAST PONCE DE LEON	1.3 STREET ADDRESS	8050 GRAND CANAL DRIVE
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, FL 33144-2150
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URIARTE, EUGENIO	2.2 NAME	ADALBERTO DEL CAMPO
STREET ADDRESS	840 WALLACE STREET	2.3 STREET ADDRESS	840 Wallace Street
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO, CARMELO	3.2 NAME	
STREET ADDRESS	475 S.W. 78 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUERTA, JOSE R	4.2 NAME	
STREET ADDRESS	430 SW 133 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mercedes Benaides* 4/29/99 (305) 445-9111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)