

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000000903

1. Entity Name
CIRCULO LIRICO DE LA OPERA, INC.

Principal Place of Business
3881 W. FLAGLER STREET
APT. 133
MIAMI, FL 33134 US

Mailing Address
3881 W. FLAGLER STREET
APT. 133
MIAMI, FL 33134 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09202004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0708422

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

URIARTE, EUGENIO N
3881 W. FLAGLER STREET
APT. 133
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
800041562558
10/04/04--01018--022 **70.00
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENAVIDES, MERCEDES J	
STREET ADDRESS	918 EAST PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	URIARTE, EUGENIO N	
STREET ADDRESS	840 WALLACE STREET	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, CARMELO	
STREET ADDRESS	475 S.W. 78 CT	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUERTA, JOSE R	
STREET ADDRESS	430 SW 133 AVE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BODDICKER, BONNIE	
STREET ADDRESS	8050 GRAND CANAL DRIVE	
CITY-ST-ZIP	MIAMI, FL 331442150	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEL CAMP, ADALBERTO	
STREET ADDRESS	840 WALLACE STREET	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URIARTE, MERCY	
STREET ADDRESS	840 WALLACE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIARTE, EUGENIO N.	
STREET ADDRESS	3881 W. Flagler Street, Apt.133	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URIARTE, EUGENIO J.	
STREET ADDRESS	6820 S.W. 57 Terrace	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugenio N. Uriarte **9/23/04** (786) 247-7316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #