

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90015 025 ****70.00

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1. Corporation Name

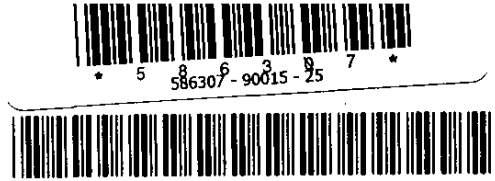
OPERATIC, CONCERT & THEATRE ARTISTS, INC.

Principal Place of Business

1315 S.W. 21ST STREET
ENTERTAINMENT
MIAMI FL 33145

Mailing Address

1315 S.W. 21ST STREET
ENTERTAINMENT
MIAMI FL 33145



1. Principal Place of Business 1315 SW 21st St		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/04/1997	
2. City & State MIAMI FL		27 City & State		4. FEI Number 66-0490854	
3. Zip 33145		28 Country DADE		5. Certificate of Status Desired \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MADURGA, GONZALO
1315 S.W. 21ST STREET
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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	D MADURGA, GONZALO	1.1 TITLE	
NAME	1315 S.W. 21ST STREET	1.2 NAME	
STREET ADDRESS	MIAMI FL 33145	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LESTON, ERNESTO	2.1 TITLE	
NAME	1315 S.W. 21ST STREET	2.2 NAME	
STREET ADDRESS	MIAMI FL 33145	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GALVEZ, JOSEPH	3.1 TITLE	
NAME	500 BAYVIEW DRIVE, SUITE 1930	3.2 NAME	
STREET ADDRESS	SUNNY ISLE FL 33160	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)