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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004236 (2)

1. Corporation Name

OPAH INC.

Principal Place of Business

Mailing Address

**451 NW 40TH STREET
POMPANO BEACH FL 33064**

**P.O. BOX 5832
LIGHTHOUSE POINT FL 33074**



3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

65-0774479

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.



Yes ☒ No

9. Name and Address of Current Registered Agent

**JEAN-CHARLES, JEAN-PIERRE
451 NW 40TH STREET
POMPANO BEACH FL 33064**

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

Sandra B. Mortham **JEAN-PIERRE JEAN-CHARLES, DIRECTOR OF CULTURAL AFFAIR**

05-05-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DIRECTOR OF FINANCE** ☐ DELETE

NAME **MAGALI DAUPHIN**

STREET ADDRESS **5030 NE 10 AVE**

CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **DIRECTOR OF CULTURAL AFFAIR** ☐ DELETE

NAME **JEAN-PIERRE JEAN-CHARLES**

STREET ADDRESS **451 NW 40TH STREET**

CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **DIRECTOR OF PUBLIC RELATION** ☐ DELETE

NAME **PAUL JEAN**

STREET ADDRESS **3610 NW 21 STREET APT #310**

CITY-ST-ZIP **LAUDERDALE LAKES, FL 33311**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **DIRECTOR OF RESEARCH** ☐ DELETE

NAME **MARIE PIERRE NAZIEN**

STREET ADDRESS **1136 NW 8TH AVE APT #2**

CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☒ DELETE

NAME **DIRECTOR OF PLANNING**

STREET ADDRESS **ANTOINE MANIGAT**

CITY-ST-ZIP **4300 NW 36 AVE**

LAUDERDALE LAKES, FL 33309

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.

SIGNATURE:

Sandra B. Mortham

JEAN-PIERRE JEAN-CHARLES

05-05-98

954-731-9358

CR2E037 (10/97)