

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90141 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000089702

1. Corporation Name

BLACK OPAL CORP.

Principal Place of Business

1205 LINCOLN ROAD
SUITE 216
MIAMI BEACH FL 33139

Mailing Address

1205 LINCOLN ROAD
SUITE 216
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1995

4. FEI Number

65-0621781

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

FEIG, MARC
8000 RIVERS ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	ALAN J. MARCUS
82 Street Address (P.O. Box Number is Not Acceptable)	20803 BISCAYNE BLVD #301
83 City	AVENUE
84 State	FL
85 Zip Code	33180

11. Pursuant to the provisions of Sections 607.052 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LICHTSCHNEIN, ARNOLD	1.2 NAME	
STREET ADDRESS	1205 LINCOLN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD LICHTSCHNEIN

Date

1/6/99 (205) 388-5816

Daytime Phone #

CR2E034 (1/98)