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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700005649 (3)

OPERAPHERNALIA, INC.

Principal Place of Business Mailing Address 2246 SW 24TH TERRACE POST OFFICE BOX 450244 MIAMI FL 33145-3628 MIAMI FL 33245-0244 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65 • 0830306 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name PARKER, JOANNA 2246 SW 24TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33145-3628 83 84 City Zip Code Pursuant to the provisions of Sections 607.0502 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 negotiared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTF Addition Change TITLE 1.1 TITLE PARKER, JOANNA ÁME 1.2 NAME 2246 SW 24TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33145-3628 CITY-ST-ZIP 1.4 City - ST - 7/P TITLE DELETE 2.1 1ITLE Change ☐ Addition GILBUENA, J F 2.2 NAME 2246 SW 24TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS

64 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 suppliemental 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 trusted 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 on an attachment with an address.

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE 4.2 NAME

51 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

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SIGNATURE: Joanna Parker, President

MIAMI FL 33145-3628

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

CITY-ST-ZIP

NAME

TITLE

JOANNA PARKER 4/28/98 (305)854-4842

FILED

May 06 1998 8:00am

Secretary of State

CR2E034 (10/97)

☐ Addition

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