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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90129 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000056024

1. Corporation Name
OPERA PRIMA, INC.



Principal Place of Business: 915 MIDDLE RIVER DR. SUITE 506 FORT LAUDERDALE FL 33304
Mailing Address: 915 MIDDLE RIVER DR. SUITE 506 FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1998
4. FEI Number: 65-0843764
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 217 EAST PALMETTO PK. RD. BOCA RATON, FL 33432
2a. Mailing Address: 26 217 EAST PALMETTO PK. RD. BOCA RATON, FL 33432
22. City & State: 23 BOCA RATON, FL
24. Zip: 24 33432 25. Country: 25 USA
27. City & State: 28 BOCA RATON, FL
29. Zip: 29 33432 30. Country: 30 USA

9. Name and Address of Current Registered Agent

MORAITS, GEORGE R
915 MIDDLE RIVER DR. SUITE 506
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: GREGORY J. BLODIG, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): GREENSPOON, MARDER, ET AL.
83: 100 WEST CYPRESS CREEK RD., #700
84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

11. 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: *George R. Moraitis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-99
DATE

12. OFFICERS AND DIRECTORS

TITLE: D DELETE
NAME: COLLINI, DARIO
STREET ADDRESS: VIA ROCCA 15
CITY-ST-ZIP: GORIZIA, ITALY
TITLE: D DELETE
NAME: BETTIO, ANDREA
STREET ADDRESS: VIA MORAHD I 4 30030 SALZAH O
CITY-ST-ZIP: VENEZIA, ITALY
TITLE: D DELETE
NAME: BORRACELLI, MAURA
STREET ADDRESS: PIAZZA PEDALTA 70 58045 CIVITELLA MARITTI
CITY-ST-ZIP: GR - ITALY
TITLE: D DELETE
NAME: VESCOVI, FILIPPO
STREET ADDRESS: PIAZZETTA G. FORZATE
CITY-ST-ZIP: 35137 PADOVA, ITALY
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ~~XXXXXXXX~~ Change Addition
1.2 NAME: ~~XXXXXXXXXXXXXXXXXXXX~~
1.3 STREET ADDRESS: ~~XXXXXXXXXXXXXXXXXXXX~~
1.4 CITY-ST-ZIP: ~~XXXXXXXXXXXXXXXXXXXX~~
2.1 TITLE: DPS Change Addition
2.2 NAME: BETTIO, ANDREA
2.3 STREET ADDRESS: VIA MORAHD I 4 30030 SALZAH O
2.4 CITY-ST-ZIP: VENEZIA, ITALY
3.1 TITLE: ~~XXXXXXXX~~ Change Addition
3.2 NAME: ~~XXXXXXXXXXXXXXXXXXXX~~
3.3 STREET ADDRESS: ~~XXXXXXXXXXXXXXXXXXXX~~
3.4 CITY-ST-ZIP: ~~XXXXXXXXXXXXXXXXXXXX~~
4.1 TITLE: DVP ~~XXXX~~ Change Addition
4.2 NAME: VESCOVI, FILIPPO
4.3 STREET ADDRESS: PIAZZETTA G. FORZATE
4.4 CITY-ST-ZIP: 35137 Padova, Italy
5.1 TITLE: D.P. Change Addition
5.2 NAME: ANTHONY PASQUALE
5.3 STREET ADDRESS: 8715 SAWPINE RD
5.4 CITY-ST-ZIP: DELRAY BCH, FLA. 33446
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 607, 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: *Anthony Pasquale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99
Date

Daytime Phone #

CR2E034-(4.1/98)