

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 715888 (4)

1. Corporation Name
LOCAL 725 HOLDING CORPORATION, INC.

Principal Place of Business Mailing Address
13185 N.W. 45TH AVENUE OPA LOCKA FL 33054

97 OCT -6 AM 8:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 97
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-0665289		08/14/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		9. Additional Fee Required	
24. Zip		29. Zip		7. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		\$8.75	
25. Country		30. Country		8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLUB, ROBERT J. 13185 NW 45TH AVE. OPA LOCKA FL 33054				81 Name SIMMONS, LARRY C.			
				82 Street Address (P.O. Box Number is Not Acceptable) 13185 NW 45TH AVE			
				83			
				84 City OPA LOCKA			
				85 Zip Code FL 33054			

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]* DATE: **9/12/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLUB, ROBERT J.	1.2 NAME	SIMMONS, LARRY C.
STREET ADDRESS	13185 N.W. 45TH AVENUE	1.3 STREET ADDRESS	13185 NW 45TH AVENUE
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	OPA LOCKA FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVERT, JAMES C.	2.2 NAME	
STREET ADDRESS	13185 N.W. 45TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGREGORIO, JOHN J.	3.2 NAME	
STREET ADDRESS	13185 N.W. 45TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLARY, III J	4.2 NAME	
STREET ADDRESS	13185 N.W. 45TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, JAMES	5.2 NAME	
STREET ADDRESS	13185 NW 45TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* SIGNATURE REQUIRED: *[Signature]*

CR2E037 (4/97)

[Handwritten initials]
 10-8-97

305-671-2576
 9/12/97