SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 715888

1. Corporation Name

LOCAL 725 HOLDING CORPORATION, INC.

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

13185 N.W. 45TH AVENUE OPA LOCKA FL 33054

FILED Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90002 037 ****70.00



3. Date Incorporated or Qualifed

Sulte, Apt. #, etc. 2 Sulte, Apt. #, etc. 2 Sulte, Apt. #, etc. 2 Sulte, Apt. #, etc. 3 Sulte, Apt. #, etc. 4 Sp-0655289	21	acc of Basilloss	26					01/14/1969						
SP-0665289 Nat Applicable SP-0665289 SP-064 Applicable SP-0665289 SP-				Suite, Apt. #, etc.				4. FEI Number			Appl	ied For		
City & State 28				, , ,				59-0665289			Not /	Applicable		
Simmons Simm		9	1=-	City & State			-	T. Continue of Obstacle Desired	Ä	\$8.7	75 Ad	ditional		
Zip Country Zip Country S. Section Campaign Financing \$5.00 May 8e Addition Statutes Statute	23		28					5. Certificate of Status Desired	tus Desired 况			Fee Required		
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Trust Under Control Agent 11. Trust Under Control Agent 11. Trust Under Control Agent 12. Street Address		Country	Ī	Zip	Co	ountry		6. Election Campaign Financing	П	\$5.	00 M	lay Be		
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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, with all other like empowered.

IRE_REQUIRED SIGNATURE: