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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757835 (4)

1. Corporation Name
OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION, INC.



Principal Place of Business 490 OPA-LOCKA BOULEVARD SUITE 20 OPA LOCKA FL 33054	Mailing Address 490 OPA-LOCKA BOULEVARD SUITE 20 OPA LOCKA FL 33054-3563
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3. Date Incorporated or Qualified 05/05/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 59-2106635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WICK, DANIEL A JR
490 OPA-LOCKA BLVD.
SUITE 20
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT <input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL
STREET ADDRESS	4403 NE 73RD STREET
CITY-ST-ZIP	CORAL SPGS FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BROWN, MARY A
STREET ADDRESS	1829 NW 152ND ST
CITY-ST-ZIP	OPA LOCKA FL
TITLE	C <input type="checkbox"/> DELETE
NAME	PEMBERTON, DAVID MELBERT
STREET ADDRESS	2520 N.W. 156TH STREET
CITY-ST-ZIP	OPA LOCKA FL
TITLE	ND <input type="checkbox"/> DELETE
NAME	SABIR, NASHID
STREET ADDRESS	1370 NW 183RD STREET
CITY-ST-ZIP	MIAMI FL
TITLE	M <input type="checkbox"/> DELETE
NAME	WICK, DANIEL A., JR.
STREET ADDRESS	490 OPA-LOCKA BLVD S-20
CITY-ST-ZIP	OPA-LOCKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLLOWAY, WILBERT T.
STREET ADDRESS	6231 N.W. 201 ST
CITY-ST-ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MILLS, DENISE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	10765 N.W. 11th STREET
1.3 STREET ADDRESS	PEMBROKE PINES, FL 33026
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FELTON, MILTON
2.3 STREET ADDRESS	5190 N.W. 167TH STREET, SUITE 204
2.4 CITY-ST-ZIP	MIAMI, FL 33014
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARSWELL, KEITH
3.3 STREET ADDRESS	3613 E. FORGE ROAD
3.4 CITY-ST-ZIP	DAVIE, FL 33328
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Daniel Wick* **4/28/97 (305) 687-3545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024907

CR2E037 (9/96)