


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90131 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003480

1. Corporation Name
EDO ASSOCIATION OF FLORIDA INCORPORATED

Principal Place of Business 18350 NW 2 AVE 401 MIAMI FL 33169 US	Mailing Address P O BOX 694413 MIAMI FL 33169 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/28/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0550278
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
24. Country	29. Country	\$8.75 Additional Fee Required
	30.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent OVIASOGIE, PHILIP 18350 NW 2 AVE #401 MIAMI FL 33169	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box: Number is Not Acceptable)	
	83.	
	84. City	85. Zip Code
		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 _____ DATE _____
 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	VDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVIASOGIE, PHILIP	1.2 NAME	
STREET ADDRESS	3404 SHERATON PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENOGIERU, SUNDAY	2.2 NAME	
STREET ADDRESS	9811 BOSQUE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IGBINOBA, SUNDAY	3.2 NAME	
STREET ADDRESS	8420 MIRAMAR PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZEUBIGIE, SCOTTY	4.2 NAME	
STREET ADDRESS	1860 NE 142ND STREET APT#7H	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

NOSA LAWANB
880 NW 213RD LANE #203
MIAMI FL 33169

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.

SIGNATURE: Blanko Via Soriano Date: 3/5/99 Daytime Phone #: (305) 654-0250

CR2E037 (11/98)