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APPROVED AND FILED

95 MAY -1 AM 10:15

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **716722 (4)**
1. Corporation Name
OPPORTUNITIES INDUSTRIALIZATION CENTER OF DADE COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5022 N.W. 7TH AVENUE MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/12/1969** 3a. Date of Last Report **07/27/1994**
4. FEI Number **59-1268282** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**WASHINGTON, WILLIAM H.
1311 LITTLE RIVER DR
MIAMI FL 33147**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 *William H. Washington Sr.* **William H. Washington Sr.** Executive Director **4/21/95**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AYERS, GEORGIA
STREET ADDRESS	2475 N. W. 111 ST.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	SD
NAME	BROWN, MARGARET
STREET ADDRESS	289 NW 8TH ST
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	PD
NAME	JOHNSON, THEDFORD
STREET ADDRESS	7810 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	VD
NAME	GOA, HENRY
STREET ADDRESS	5800 N.W. 10TH AVENUE
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	D
NAME	BARRY, RICHARD FATHER
STREET ADDRESS	19540 N.W. 8TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	James Campbell
13 STREET ADDRESS	4664 S.W. 127th Place
14 CITY - ST - ZIP	Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Dr. George Ellis
23 STREET ADDRESS	1055 N.W. 52nd St.
24 CITY - ST - ZIP	Miami, FL 33127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *James Campbell* **James Campbell** Treasurer **4/21/95** (305) **2236048**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number