


**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).**

**FILED**

**Sep 23 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716722 (4)**

1. Corporation Name  
**OPPORTUNITIES INDUSTRIALIZATION CENTER OF DADE COUNTY, INC.**

Principal Place of Business 5022 N.W. 7TH AVENUE MIAMI FL 33127	Mailing Address 5022 N.W. 7TH AVENUE MIAMI FL 33127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4500 Biscayne Blvd</b>		2a. Mailing Address 26 <b>4500 Biscayne Blvd</b>		3. Date Incorporated or Qualified <b>06/12/1969</b>		3a. Date of Last Report <b>05/01/1996</b>	
Suite, Apt. #, etc. 22 <b>Suite 150</b>		Suite, Apt. #, etc. 27 <b>Suite 150</b>		4. FEI Number <b>59-1268282</b>		Applied For Not Applicable	
City & State 23 <b>MIAMI, FLORIDA</b>		City & State 28 <b>MIAMI, FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33137</b>		Country 25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip 29 <b>33137</b>		Country 30 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**RAWLINGS, WAYNE**  
**5022 NW 7TH AVENUE**  
**MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name **VALARIE IVORY FERGUSON**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4500 Biscayne Blvd**  
 83 **Suite 150**  
 84 City **MIAMI** FL 85 Zip Code **33137**

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 Valarie Ivory Ferguson Executive Director 9/15/97  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>MACCRARY, JESSE J JR</b>	
STREET ADDRESS	<b>2800 BISCAYNE BLVD., STE 800</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACK, ELAINE H</b>	
STREET ADDRESS	<b>6255 NW 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AYERS, GEORGIA J</b>	
STREET ADDRESS	<b>2475 NW 111TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, GEORGE W DR.</b>	
STREET ADDRESS	<b>1055 NW 52ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, JAMES</b>	
STREET ADDRESS	<b>4664 SW 27TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUSH, JAMES III</b>	
STREET ADDRESS	<b>3000 BISCAYNE BLVD., STE 412</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input 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 Valarie Ivory Ferguson 9/05/97 (305) 576-0242

CR2E037 (4/97)