


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

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <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 <b>5022 N.W. 7TH AVENUE MIAMI FL 33127</b>	Mailing Address <b>5022 N.W. 7TH AVENUE MIAMI FL 33127</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4500 Biscayne Blvd</b> Suite, Apt., etc. <b>22 Suite 150</b> City & State <b>23 MIAMI, FLORIDA</b> Zip <b>24 33137</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 4500 Biscayne Blvd</b> Suite, Apt., etc. <b>27 Suite 150</b> City & State <b>28 MIAMI, FLORIDA</b> Zip <b>29 33137</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>06/12/1969</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-1268282</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</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	<b>VALARIE IVORY FERGUSON</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4500 Biscayne Blvd</b>
83	<b>Suite 150</b>
84 City	<b>MIAMI</b>
FL	<b>85 Zip Code</b>
	<b>33137</b>

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 **9/5/97**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACCRARY, JESSE J JR</b>	1.2 NAME	
STREET ADDRESS	<b>2800 BISCAYNE BLVD., STE 800</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, ELAINE H</b>	2.2 NAME	
STREET ADDRESS	<b>6255 NW 7TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYERS, GEORGIA J</b>	3.2 NAME	
STREET ADDRESS	<b>2475 NW 111TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, GEORGE W DR.</b>	4.2 NAME	
STREET ADDRESS	<b>1055 NW 52ND STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>4864 SW 27TH PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, JAMES III</b>	6.2 NAME	
STREET ADDRESS	<b>3000 BISCAYNE BLVD., STE 412</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	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**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

9/05/97 (305) 576-0242

CR2E037 (4/97)