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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716722

1. Corporation Name

OPPORTUNITIES INDUSTRIALIZATION CENTER OF DADE C  
OUNTY, INC.

Principal Place of Business

4500 BISCAYNE BLVD STE 150  
MIAMI FL 33137  
US

Mailing Address

4500 BISCAYNE BLVD STE 150  
MIAMI FL 33137  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/12/1969

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

9. Name and Address of Current Registered Agent

FERGUSON, VALARIE IVORY  
4500 BISCAYNE BLVD STE 150  
MIAMI FL 33137

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 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*  
Signature, typed or printed name of registered agent and, if applicable,

VALARIE IVORY FERGUSON  
(NOTE: Registered Agent signature required when reinstating)

1/15/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE  
NAME MACCRARY, JESSE J JR  
STREET ADDRESS 2800 BISCAYNE BLVD., STE 800  
CITY-ST-ZIP MIAMI FL 33137

TITLE S ☐ DELETE  
NAME BLACK, ELAINE H  
STREET ADDRESS 6255 NW 7TH AVENUE  
CITY-ST-ZIP MIAMI FL 33150

TITLE D ☐ DELETE  
NAME AYERS, GEORGIA J  
STREET ADDRESS 2475 NW 111TH STREET  
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ DELETE  
NAME ELLIS, GEORGE W DR.  
STREET ADDRESS 1055 NW 52ND STREET  
CITY-ST-ZIP MIAMI FL 33127

TITLE D ☐ DELETE  
NAME CAMPBELL, JAMES  
STREET ADDRESS 4664 SW 27TH PLACE  
CITY-ST-ZIP MIAMI FL 33175

TITLE D ☐ DELETE  
NAME BUSH, JAMES III  
STREET ADDRESS 3000 BISCAYNE BLVD., STE 412  
CITY-ST-ZIP MIAMI FL 33137

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Valarie Ivory Ferguson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

CR2E037 (11/98)