FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

JANUARY 30, 1987 (300) 484-1728

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

729220

(4)

THE OPA LOCKA LETTER CARRIERS CORP.

Principal Place	of Business	Mailing Address	Mailing Address			PON GION GIGH	#1911 WIGHT W	INCOMENTATION
17201 NW 53RD AVE OPA LOCKA FL 33054 US		PO BOX 1501 OPA LOCKA FL 33054 US			·		· .	
00					3. Date Incorporated or Qualified 03/22/1974	3a. Date 0	of Last Re 1/19/19	96 96
2. Principal Pl. 21	ace of Business	2e. Mailing Address 26			4. FEI Number 59-1673756			plied For t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State)	City & State	City & State				\$5.00 Added to	
Zip	Country	Zip	Count	у	B. This corporation has liability for in	ntangible ta		
24	25		30	***************************************	Florida Statutes Yes X No			
	9. Name and Address of Curr	ent Registered Agent		• • • • • • • • • • • • • • • • • • • •	10. Name and Address of New Req	istered Ag	ent	
			8	Name				
PYE, CLIFFORD				2 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
4710 S.W. 136 AVENUE DAVIE FL 33330				3	· · · · · · · · · · · · · · · · · · ·			
DAVIE F	L 33330		Ľ					
			8-	4 City		FL	85 Zip C	Code
11. Pursuani i	to the provisions of Sections 617.0	502 and 617.1508. Florida Statute	s, the abo	ve-named con	poration submits this statement for the p	*	nanoing it	s registered
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was a	uthorized b	by the corpora	tion's board of directors. I hereby accep	t the appoin	tment as	registered
	m tamiliai with, and accept the oor	galions of Section of 1.0003, Moi	noa statut	ÇQ.				
SIGNATURE _	Signature, typed or printed name of registered a	gent and little if applicable. (NOTE	Registered A	gent signature requi	ired when reinstating)	DATE		
12.	OFFICERS A	RS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC			IS IN 12
TITLE	DST	DELETE				L	Change	■ Addition
NAME	PYE, CUFFORD		1.2 NAMI					
STREET ADDRESS	4710 S W 138 AVE			ET ADDRESS				
CITY - ST - ZIP	DAVIE FL	DELETE		-ST-ZIP		····	Change	Addition
TITLE	DV HOWADD	· · · · · · · · · · · · · · · · · · ·				L-	1 cusulta	L.J AUGICION
NAME CYCLCY ADDRESS	MINTER, HOWARD 17260 N W 53 AVE		2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	OPA LOCKA FL		2.3 STREET AUDRESS 2. 4 CITY+SY-ZIP					
CITY-ST-ZIP TITLE	DP	DELETE		-31-ZIF			Change	Addition
NAME	CONLEY, LARRY			E		_	•	_
STREET ADDRESS	3701 S.W. 58 AVE		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			L.	Change	Addition
NAME			4. 2 NAV	IE				ļ
STREET ADDRESS			4.3 STRE	ET ADORESS				
CITY-ST-ZIP	······		4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE	i	e.	,. L.	Change	Addition Addition
Name			5.2 NAM	ì				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE	1111	DELETE	5.4 CITY 6.1 TITLE			т	Change	Addition
NAME			6.2 NAM	1		_	3 Chango	Car Poutbon
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY					
14. I do herel	by certify that the information supp	lied with this filing does not qualif	y for the e:	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further c	ertify that	the
l am an o	on indicated on this annual report of fficer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trustee empower or an attachment with an add	ered to exe	curate and the	at my signature shall have the same lega rt as required by Chapter 617, Florida S	r effect as if tatutes; and	that my n	oer oath; that vame