FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

729220

(4)

| THE OPA LOCKA LETTER CARRIERS CORP. | | | | | | | | | | | | | |
|---|---|---|------------------------------------|---|--|---|--|----------|---|-------------|---|--|--|
| Principal Plac | ce of Busines: | s | Mail | ling Address | | | | | ; | | EGIR EJELI t i | ENIT OLDE | HO 16 DI DEL 1 5 D |
| 17201 NW 53RD AVE PO BOX 1501 OPA LOCKA FL 33054 OPA LOCKA FL 33054 US US | | | | | | | | | 3. Date Incorporated or 03/22/1974 4. FEI Number 59-1673756 | Qualified | | | pplied For |
| 2. Principal Place of Business | | | — <u> </u> | 2a. Mailing Address | | | | , | 5. Certificate of Status De | esired | | \$8.75 | Additional lequired |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 6. Election Campaign Fin | ancing | | \$5.00 | |
| 22 | | | 27 | 27 | | | | | Trust Fund Contribution | _ | Image: section of the content of the | Added 1 | |
| City & State | | | | City & State | | | | | 7. Is this nonprofit corpor | | | | on? |
| 23 | | | | Zip Country | | | | | | | | ☑ No | |
| Zip 24 | | Country 25 | 29 | cib | 30 | Juriu y | , | | This corporation owes Personal Property Tax | | | | tangible I |
| | | and Address of C | | red Agent | [30] | T | | | 10. Name and Address o | | | | |
| | | | | | | 81 | Name | , | " | | | | |
| PYE, CL | LIFFORD | | | | | 82 | Street | Addres | ss (P.O. Box Number is Not | Acceptal | ole) | | <u> </u> |
| 1 | W. 136 AVE | NUE | | | | | | | | | | | |
| DAVIE F | FL 33330 | | | | | 83 | | | | | | | _ |
| | | | | | | 84 | | | | | FL | _ ' | Code |
| 11. Pursuant office or r | to the provisi registered ag | ons of Sections 61 ent, or both, in the | 7.0502 and 617 State of Florida | 7.1508, Florida Stat L. Such change was | utes, the a | above ed by | a-named | d corpor | ration submits this statemenn's board of directors. I here | t for the p | ourpose o | of changing i | its registered registered |
| agent.ia | am familiar wit | th, and accept the | obligations of, S | Section 617.0503. I | Elorido Cta | atutas | • | • | | | | | - |
| | | | | | TOTO SE | aluico | ٠, | | | | | | |
| SIGNATURE . | Signature, typed | or printed name of registe | | | | | | | when reinstating) | • | DATE | | |
| SIGNATURE | | | | applicable. (N | | red Age | | | | • | QATE | D DIRECTOR | RS IN 12 |
| 12. | DST | OFFICER | ered agent and title if s | applicable. (N | 13. | red Age | | | when reinstating) | • | QATE | | |
| 12. TITLE NAME | DST PYE, CLI | OFFICER FFORD | ered agent and title if s | applicable. (N | 13. | red Age TITLE NAME | ent signatur | | when reinstating) | • | QATE | D DIRECTOR | RS IN 12 |
| 12. TITLE NAME STREET ADDRESS | DST PYE, CLI 4710 S \ | OFFICER FFORD V 136 AVE | ered agent and title if s | applicable. (N | 13. 1.1 1.1 1.21 | red Age TITLE NAME STREET | ant signatur | | when reinstating) | • | QATE | D DIRECTOR | RS IN 12 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PYE, CLI 4710 S \ DAVIE FI | OFFICER FFORD V 136 AVE | ered agent and title if s | applicable. (N | TE: Register 13. 1.1 1.2 1.3.5 | red Age TITLE NAME STREET CITY-ST | ant signatur | | when reinstating) | • | QATE | D DIRECTOR | RS IN 12 |
| 12. TITLE NAME STREET ADDRESS | DST PYE, CLI 4710 S \ DAVIE FI | OFFICER FFORD W 136 AVE | ered agent and title if s | арртсавию. (FN ORS DELETE | DTE: Register 13. 1.1 1.2 1.3: 1.44 2.1 | red Age TITLE NAME STREET | ant signatur | | when reinstating) | • | QATE | D DIRECTOR Change | RS IN 12 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, | OFFICER FFORD V 136 AVE | ered agent and title if s | арртсавию. (FN ORS DELETE | DTE: Register 13. 1.1 121 13. 1.4 2.1 2.2 | TITLE NAME STREET CITY-ST | ant signatur | | when reinstating) | • | QATE | D DIRECTOR Change | RS IN 12 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, | OFFICER FFORD N 136 AVE HOWARD W 53 AVE | ered agent and title if s | арртсавию. (FN ORS DELETE | 13. 1.1 1.2 1.3 1.4 2.1 2.2 2.3 | TITLE NAME STREET CITY-ST | ADDRESS ADDRESS | | when reinstating) | • | QATE | D DIRECTOR Change | RS IN 12 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N | OFFICER FFORD N 136 AVE HOWARD W 53 AVE | ered agent and title if s | арртсавию. (FN ORS DELETE | DTE: Register 13. 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 | TITLE NAME STREET CITY-STITLE NAME STREET | ADDRESS ADDRESS | | when reinstating) | • | QATE | D DIRECTOR Change | RS IN 12 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL | ered agent and title if s | applicable. (RN ORS DELETE | DTE: Register 13. 1.1' 121 1.3: 1.44 2.1' 2.21 2.3: 2.4 3.1' | TITLE NAME STREET TITLE NAME STREET STREET CITY-S | ADDRESS ADDRESS | | when reinstating) | • | QATE | D DIRECTOR Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | applicable. (RN ORS DELETE | DTE: Registered 13. 1.1' 121 13. 1.44 2.1' 2.2: 2.3: 2.4 3.1' 3.2! 3.3: | TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE NAME STREET NAME STREET | ADDRESS T-ZIP ADDRESS TT-ZIP | | when reinstating) | • | QATE | D DIRECTOR Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | applicable. (RN ORS DELETE DELETE | DTE: Registeres 13. 1.1' 121 13. 1.44 2.1' 2.21 2.3 2.4 3.1' 3.21 3.34 | TITLE NAME STREET CITY-STITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S CITY-S | ADDRESS T-ZIP ADDRESS TT-ZIP | | when reinstating) | • | QATE | D DIRECTOR Change Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | applicable. (RN ORS DELETE | DTE: Registeres 13. 1.1' 121 13. 1.44 2.1' 2.21 2.3. 2.4 3.1' 3.21 3.3. 3.4. 4.11 | TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE | ADDRESS T-ZIP ADDRESS TT-ZIP | | when reinstating) | • | QATE | D DIRECTOR Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | applicable. (RN ORS DELETE DELETE | DTE: Registered 13. 1.1' 121 13. 1.44 2.1' 2.2: 2.3: 2.4 3.1' 3.2! 3.3.4 4.1' 4.2 | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME NAM | ADDRESS T-ZIP ADDRESS T1-ZIP ADDRESS T1-ZIP | | when reinstating) | • | QATE | D DIRECTOR Change Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | applicable. (RN ORS DELETE DELETE | DTE: Registered 13. 1.1' 121 13. 1.44 2.1' 2.2: 2.3: 2.4 3.1' 3.2! 3.3: 4.11 4.2 4.35 | TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET LITTLE NAME STREET NAME STREET | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS | | when reinstating) | • | QATE | D DIRECTOR Change Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | applicable. (RN ORS DELETE DELETE | DTE: Registeres 13. 1.1' 121 13. 1.44 2.1' 2.2; 2.3; 2.4 3.1' 3.2; 3.4. 4.11 4.2 4.35 4.4(4) | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME NAM | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS | | when reinstating) | • | QATE | D DIRECTOR Change Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | ADDITICADIO. (P.N. ORS DELETE DELETE DELETE | DTE: Registered 13. 1.1' 121 13. 1.44 2.1' 2.2; 2.3; 2.4 3.1' 3.2; 3.4. 4.1' 4.2 4.35 4.4(5.5.1) | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS | | when reinstating) | • | QATE | D DIRECTOR Change Change Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | ADDITICADIO. (P.N. ORS DELETE DELETE DELETE | DTE: Registered 13. 1.1' 121 13. 1.44 2.1' 2.2: 2.3: 2.4 3.1' 3.2! 3.3: 4.11 4.2 4.35 4.4(5.11 | TITLE NAME STREET COTY-S' TITLE NAME STREET COTY-S' TITLE NAME STREET NAME STREET COTY-S TITLE NAME STREET NAME STREET NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS | | when reinstating) | • | QATE | D DIRECTOR Change Change Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | DELETE DELETE DELETE DELETE | TE Register 13. 1.1' 12 13. 1.4 2.1' 2.3. 2.4 3.1' 3.2 4.11 4.2 4.3. 4.4(5.11 5.2. 5.3. 5.4(5.4.5) | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | when reinstating) | • | QATE | D DIRECTOR Change Change Change Change | Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | DST PYE, CLI 4710 S \ DAVIE FI DV MINTER, 17260 N OPA LOC DP CONLEY 3701 S.V | OFFICER IFFORD N 136 AVE HOWARD W 53 AVE CKA FL , LARRY V. 58 AVE | ered agent and title if s | ADDITICADIO. (P.N. ORS DELETE DELETE DELETE | DTE: Registered 13. 1.1' 121 13. 1.44 2.1' 2.2: 2.3: 2.4 3.1' 3.2: 4.41 4.2 4.35 4.4(5.11 5.21 5.38 6.4.1 | TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | when reinstating) | • | QATE | D DIRECTOR Change Change Change | Addition Addition Addition |

4. 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.

SIGNATURE:

18 /58 BOS 624-58

FILED

Jan 21 1998 8:00am

Secretary of State

CR2E037 (10/9