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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 22 PM 3:34

DOCUMENT # 736319 (5)

1. Corporation Name
SMALL BUSINESS OPPORTUNITY CENTER, INC.

Principal Place of Business	Mailing Address
1417 WEST FLAGLER STREET MIAMI FL 33135	1417 WEST FLAGLER STREET MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1772554 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

RODRIGUEZ, KAU
CP SBPC
1417 W. FLAGLER STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: RODRIGUEZ JAY
82 Street Address (P.O. Box Number is Not Acceptable): c/o SBOC
83: 1417 W. FLAGLER STREET
84 City: MIAMI FL 85 Zip Code: 33135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] EXECUTIVE DIRECTOR 3/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	RIVAS, ANTHONY C.	1.2 NAME	
STREET ADDRESS	1417 W. FLAGLER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FANDINO, ANGEL	2.2 NAME	
STREET ADDRESS	1036 S.W. 1ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HABIT, JOSEFINA BONET	3.2 NAME	
STREET ADDRESS	994 S.W. FIRST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	CALLEJA RAFAEL ☒ Change ☐ Addition
NAME	CALLEJAS, RAFAEL	4.2 NAME	
STREET ADDRESS	2962 SW 8TH STREET	4.3 STREET ADDRESS	1417 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FLA. D
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CALLEJA, RAFAEL A.	5.2 NAME	
STREET ADDRESS	2962 SW 8TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 3/15/95 (305) 643-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041888