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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 736319

1. Corporation Name

SMALL BUSINESS OPPORTUNITY CENTER, INC.

Principal Place of Business
**1417 WEST FLAGLER STREET
MIAMI FL 33135**

Mailing Address
**1417 WEST FLAGLER STREET
MIAMI FL 33135**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/01/1976

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-1772554

Applied For
☐ Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

24. Zip

Country

29. Zip

Country

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, JAY
1417 WEST FLAGLER STREET
MIAMI FL 33135**

81. Name

Juan Carlos Hurtado

82. Street Address (P.O. Box Number is Not Acceptable)

1417 West Flagler Street

83. City

Miami

FL

85. Zip Code
33135

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

Juan C. Hurtado
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/7/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE **D** ☐ DELETE
NAME **RIVAS, ANTHONY C.**
STREET ADDRESS **1417 W. FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **VC** ☐ Change ☒ Addition
1.2 NAME **Rodriguez, Fernando**
1.3 STREET ADDRESS **1417 W. Flagler St.**
1.4 CITY-ST-ZIP **Miami, FL 33135**

TITLE **D** ☐ DELETE
NAME **FANDINO, ANGEL**
STREET ADDRESS **1417 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33135**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **Almeyda, Gilbert**
2.3 STREET ADDRESS **970 S.W. 1st Street**
2.4 CITY-ST-ZIP **Miami, FL 33135**

TITLE **D** ☐ DELETE
NAME **HABIB, JOSEFINA BONET**
STREET ADDRESS **3990 W. FLAGLER STREET**
CITY-ST-ZIP **MAIMI FL 33134**

3.1 TITLE **C** ☐ Change ☒ Addition
3.2 NAME **Gutierrez, Margo**
3.3 STREET ADDRESS **1417 W. Flagler St.**
3.4 CITY-ST-ZIP **Miami, FL 33135**

TITLE **D** ☐ DELETE
NAME **CALLEJA, RAFAEL**
STREET ADDRESS **1417 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (305) 643-1555
Date Daytime Phone #

CR2E037 (11/98)