FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90008 033 ***150.00

DOCUMENT #55500

OCA ACCEPTANCE CORP.

Mailing Address

Principal Place of Business Maning Addition				
107TH AVE.4TH FL. 700 N.W. 107TH AVE.4TH FL.	·			
FL 33172 MIAMI FL 33172	DO NOT WRITE IN THIS SPACE			
	3. Date Incorporated or Qualifed			
	1 '			
1 1 the Address	02/10/1983 4. FEI Number Applied For			
2, Principal Place of Business 2a. Mailing Address	1 1			
21 730 NW 107 ave 26	59-2051167 Not Applicable \$8.75 Additional			
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired Fee Required			
22 27				
City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Manie TL 28	Tract and Territory			
	Country 8, This corporation owes the current year Intensible Personal Property Tax ■ No			
24 33172 25 USA 29 30	Telsonal Topolty Tax			
Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent			
	81 Name David B. He Cain, Esq.			
WATSKY, MORRIS J.	82 Street Address (P.O. Box Number is Not Acceptable)			
700 N.W. 107TH AVE.,4TH FL.	82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33172	83			
	los 7ix Code			
	84 City Mianie FL 85 70 Code 33172			
Devent to the provisions of Sections 607 0502 and 607 1508. Florida Statutes th	share samed corporation submits this statement for the purpose of changing its registered			
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				
agent. I am familiar with, and accept the obligations of, Section 607,9505, Florida S	Statutes			
SIGNATURE DAVID B. McCAIN	DATE			
Signature, typed or printed name of registered agent and mode explicable. (NOTE: Registered Agent signature required when reinstating)				
12. OFFICERS AND DIRECTORS DELETE	ADDITIONS/CHANGES TO OFFICE AND DIVERS AND D			
	_ , _			
PERON, ALLAN O.	1.2 NAME			
STREET ADDR T60 NW 107TH AVE.,4TH FL	1.3 STREET ADDRESS			
Officer State Stat	1.4 CITY-ST-ZIP Change Change Addition			
TITLE AS DELETE 2	2.1 TITLE Change Addition			
NAME IRVINE, PATRICIA	2.2 NAME			
STREET ADDR 780 NW 107TH AVE.,4TH FL	2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33172	2. 4 CITY-ST-ZIP			
	3.1 TITLE Change Addition			
NAME REED, LINDA	3.2 NAME			
	3.3 STREET ADDRESS			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.4. CITY-ST-ZIP			
CHI-SI-EI HILFHITTE GOTTE	4.1 TITLE Change Addition			
- DABY	4.2 NAME			
Total	4.3 STREET ADDRESS			
SHEET PORTED THE TOTAL PARTY IN				
STATE OF THE STATE	4.4 CITY-ST-ZIP Change Addition			
···	5.1 TITLE Change Addition 5.2 NAME			
NAME MUNUZ, JANICE	1			
SIREEI ADDRIEU 1144 1U/ITI AVE.,41TI PL	5.3 STREET ADDRESS			
1 CHY-51-2P MIMM FL 331/2	5.4 CITY-ST-ZIP 6.1 TITLE 1/C Addition			
I IIILE VD	6.1 TITLE VS st Dobro			
I NAME MUDISI, DEBRA	62 NAME Modist, De bra 63 STREET ADDRESS 730 MW 107 Que			
STREET ADDRING NW 107TH AVE	6.3 STREET ADDRESS 3 D N W 101			
CITY-ST-ZIP MIAMI FL 33172	64 CITY-ST-ZIP Manie FL 33172			

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 reporter 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

305-229-6400

Daytime Phone

(00/14//00/