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

DOCUMENT # G10958

OPPORTUNITY NUMBER THREE, CORP.

Principal Place of Business

Mailing Address

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90010 008 ***150.00



1411 SW 32 AVE MIAMI FL 33145	1411 SW 32 AVE MIAMI FL 33145		DO NOT WRITE IN THIS SPACE	
,		\	3. Date Incorporated or Qualified 11/22/1982	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied	For
21	26		59-2241001 Not App	icable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired See Required	
City & State	City & State	- 	6. Election Campaign Financing	
Zip Country 24 25	Zip Co	intry	This corporation owes the current year Intangible Personal Property Tax. No.	, ,
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
LOPEZ, JUANA		81 Name	·	
2952 SW 36 AVENUE		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 33133		83		
		84 City	FL 85 Zip Code	

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 607.0505, Florida Statutes.								
SIGNATURE 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					
TILE	DPS DELETE	1.1 TITLE		Change Addition				
NAME	LOPEZ, JUANNA	1.2 NAME						
STREET ADDRESS	2952 SW 36TH AVENUE	1.3 STREET ADDRESS		•				
CITY-ST-ZIP	MIAMI FL	1.4 CITY-\$T-ZIP						
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition				
NAME		2.2 NAME						
STREET ADDRESS	·	2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	<u> </u>	and the second s				
TITLE	DELETE	3.1 TITLE	:	☐ Change ☐ Addition				
NAME	•	3.2 NAME	•					
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	. DELETE	4.1 TITLE		☐ Change ☐ Addition				
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		Change Addition				
NAME		5.2 NAME	•	•				
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP	+ +					
TITLE	☐ DELETE	6.1 TITLE	V':	☐ Change ☐ Addition				
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP						
14 I boroby o	artifu that the information cumplied with this filing door not qualifu for t	be assessed in C	110 07/3\/\\ Elid- 04-4 1/	C. Aban and G. Mank Aban Inda				

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 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAG OFFICER OF DIRECTOR

-3 as -441-9600