FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K24069** **(2)**

1. Corporation Name

OPI DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
2307 SW 37TH AVE #300 SUITE 700 MIAMI FL 33145	2307 SW 37TH AVE #300 SUITE 700 MIAMI FL 33145

3. Date Incorporated or Qualified: **05/19/1988**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business	21 800 Douglas Road	2a. Mailing Address	26 800 Douglas Road
Suite, Apt. #, etc.	22 #225	Suite, Apt. #, etc.	27 #225
City & State	23 Coral Gables, Fl.	City & State	28 Coral Gables, Fl.
Zip / Country	24 33134 / 25 USA	Zip / Country	29 33134 / 30 USA

4. FEI Number: **65-0052263** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FENTE, MANUEL F.
1835 W FLAGLER ST
SUITE 201
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	CASTRO, MAYREN ROGER		12 NAME		
STREET ADDRESS	2307 SW 37 AVE 300		13 STREET ADDRESS	800 Douglas Road #225	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE	DP	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	ROGER, OSCAR A.		22 NAME		
STREET ADDRESS	2307 SW 37TH AVE #300		23 STREET ADDRESS	800 Douglas Road #225	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE	S	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	MILAGROS CURRAIS		32 NAME		
STREET ADDRESS	2307 SW 37TH AVE #300		33 STREET ADDRESS	800 Douglas Road #225	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(k), 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.

SIGNATURE: _____ Oscar A. Roger 4/26/96 (305) 448-4091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)