FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42021** **(8)**

1. Corporation Name

O.E.O.W. COMMUNITY IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1920 NORTH MIAMI AVENUE MIAMI FL 33136	1920 NORTH MIAMI AVENUE MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1991
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0250880 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1310 N.E. 1st Ave	26 1310 NE 1st Ave.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Miami, Fl.	28 City & State: Miami, Fl.
24 Zip: 33132 25 Country: U.S.A.	29 Zip: 33132 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

ADER, ROBERT
25 WEST FLAGLER STREET
SUITE 1010
MIAMI FL 33130

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
			☐ Change ☑ Addition
TITLE	D	TITLE	TS
NAME	ADKER, ANN MARIA	NAME	KLUGER, JEFFREY
STREET ADDRESS	1920 N. MIAMI AVENUE Deceased	STREET ADDRESS	1310 NE 1st Ave
CITY ST ZIP	MIAMI FL	CITY ST ZIP	Miami, Fl.
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SAVITZ, ALAN D	NAME	
STREET ADDRESS	1920 N. MIAMI AVE Resigned	STREET ADDRESS	
CITY ST ZIP	MIAMI FL	CITY ST ZIP	
TITLE	D	TITLE	☑ Change ☐ Addition
NAME	FRUMAN, BARBARA	NAME	D
STREET ADDRESS	1920 N. MIAMI AVENUE	STREET ADDRESS	FRUMAN, BARBARA
CITY ST ZIP	MIAMI FL	CITY ST ZIP	1310 NE 1st Ave Miami, Fl
TITLE	D	TITLE	D ☑ Change ☐ Addition
NAME	JENSEN, PAUL V.	NAME	JENSEN, PAUL V
STREET ADDRESS	1920 N. MIAMI AVENUE	STREET ADDRESS	1310 NE 1st Ave
CITY ST ZIP	MIAMI FL	CITY ST ZIP	Miami, Fl.
TITLE	D	TITLE	D ☑ Change ☐ Addition
NAME	KLUGER, HAL	NAME	KLUGER, HAL
STREET ADDRESS	1920 N. MIAMI AVENUE	STREET ADDRESS	1310 NE 1st Ave
CITY ST ZIP	MIAMI FL	CITY ST ZIP	Miami, Fl. 33132
TITLE	D	TITLE	D ☑ Change ☐ Addition
NAME	MARTEL, FRANK	NAME	MARTEL, FRANK
STREET ADDRESS	1920 N. MIAMI AVENUE	STREET ADDRESS	1310 NE 1st Ave
CITY ST ZIP	MIAMI FL	CITY ST ZIP	Miami, Fl. 33132

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 above, or on an attachment with an address.

SIGNATURE: [signature] See/Treas. 4/27/95 (305) 371-5937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041762