

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90036 009 ****61.25

DOCUMENT # N42021

1. Corporation Name

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

Principal Place of Business

**ONE N.E. 19 STREET
SUITE 300
MIAMI FL 33132-1030
US**

Mailing Address

**C/O FRANK MARTEL
ONE N.E. 19 STREET
MIAMI FL 33132-1030
US**

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
02/08/1991

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

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 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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TS**
STREET ADDRESS **KLUGER, JEFFREY**
CITY-ST-ZIP **1310 NE 1ST AVE
MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FRUMAN, BARBARA**
CITY-ST-ZIP **1310 NE 1ST AVE
MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JENSEN, PAUL V.**
CITY-ST-ZIP **1310 NE 1ST AVE
MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KLUGER, HAL**
CITY-ST-ZIP **1310 NE 1ST AVE
MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MARTEL, FRANK**
CITY-ST-ZIP **ONE ME 19 STREET #300
MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6600 N.W. 74 Ave**
1.4 CITY-ST-ZIP **Miami, FL 33166-2839**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6600 N.W. 74 Ave**
2.4 CITY-ST-ZIP **Miami, FL 33166-2839**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **6600 N.W. 74 Ave**
3.4 CITY-ST-ZIP **Miami, FL 33166-2839**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **6600 N.W. 74 Ave**
4.4 CITY-ST-ZIP **Miami, FL 33166-2839**

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **P**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **Zip Code 33132-1030**

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 empowerments.

SIGNATURE:

Frank X. Martel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank X. Martel
President

Date

Daytime Phone #

4/19/99 305-576-0326

CR2E037 (11/98)