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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000007092 ✓
1. Corporation Name
O.D.C.J. INC
(ORGANIZATION DU DEVELOPMENT DE LA CROIX ST JOSEPH)

Principal Place of Business
12762 West Dixie H/WY
N MIAMI, FL. 33161

Mailing Address

3. Date Incorporated or Qualified
12/15/98

4. FEI Number
65-0881350

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOANEL MERTILIEN
14850 S SPUR DRIVE
MIAMI, FL. 33161

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **JOANEL MERTILIEN**
STREET ADDRESS **14850 S SPUR DRIVE**
CITY-ST-ZIP **MIAMI, FL. 33161**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V/P** ☐ DELETE
NAME **RODIN DANTINOR**
STREET ADDRESS **1258 NE 112TH STREET**
CITY-ST-ZIP **MIAMI, FL. 33161**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **JOSEPH MILLIEN**
STREET ADDRESS **2950 NE 7th AVE**
CITY-ST-ZIP **MIAMI, FL. 33060**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **RECORDING SECRETARY** ☐ DELETE
NAME **BOUQUET EUSTACHE**
STREET ADDRESS **540 NW 4TH AVE APT 2406**
CITY-ST-ZIP **FT. LAUDERDALE FL. 33311**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **CLAUDIUS MERTILIEN**
STREET ADDRESS **1450 NW 183RD STREET**
CITY-ST-ZIP **MIAMI, FL. 33169**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **ASSN TREASURER** ☐ DELETE
NAME **OVIDE LORFELS**
STREET ADDRESS **7705 SW 7th STREET**
CITY-ST-ZIP **NT LAUDERDALE. FL. 33068**

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.

SIGNATURE:

Joanel Mertilien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/99
Date

Daytime Phone #

(305) 947-3023

CR2E037 (10/97)