SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 10 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038992 (2)

OPA LOCKA - PARK CITY, INC.

18870 NW 53RD PLACE

MIAMI FL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Drie sin al Die e	o of Durings	Mailing Address		-				
Principal Place of Business C/O OPA LOCKA CDC		• •	Mailing Address					
	cka CDC :Ka Blvd., Suite 20		C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 20					
OPA LOCKA FL 33054 OPA LOCKA FL 33054			OUTE EV	DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	1		teport
					05/26/1993	05/09	/1996	
2. Principal P	2a. Mailing Address	ifing Address		4. FEI Number	Applied For			
21		26	- 			65-0421308 Not Applicable \$8.75 Additional		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	- 				6 6.75 Fee Re	
City & State	e	City & State	City & State					
23	•	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	<u> </u>		8. This corporation owes or has paid the current year Intangible			
24	25 29 30		30				No	
9. Name and Address of Current Registered Agent					10. Name and Address of New F	legistered Age	nt	
BALDWIN, STEPHANIE				Name				
C/O OPA LOCKA CDC				Street Ad	Idress (P.O. Box Number is Not Accept	able)		
490 OPA LOCKA BLVD., SUITE 20								
OPA LOCKA FL 33054								
			84	City		8	5 Zip (Code
44 5 -				L		FL °		
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute ite of Florida. Such change was a	es, the abov authorized b	re-named co ly the corpor	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of cha ept the appoint	anging it ment as	s registered registered
agent la	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	orida Statute	S.				
SIGNATURE	Signature, typed or printed name of registered	accost and title if applicable (NOT)	Francistored Ad	ien' signature rec	guired when reinstating)	DATE		
			13.					
TITLE	D DELETE 1.1		1.1 TITLE				Change	Addition
NAME			1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 C/TY-	ST-ZIP				
TITLE	D	DELETE	2.1 TITLE				Change	Addition
NAME	BROWN, MARY ALICE		2.2 NAME	ļ				
STREET ADDRESS	2444 NW 135TH ST	2.00		TADDRESS				
CITY-ST-ZIP	MIAMI FL	T priests	2. 4 CITY	ST-ZIP			Ob	Tanan.
TITLE	D MADTINI MICHAEL	☐ DELETE	3.1 TITLE			L	Change	Addition
NAME	MARTIN, MICHAEL 4403 N.W. 73RD WAY		3.2 NAME	- 1				
STREET ADDRESS	CODAL CODIMOS EL AGOSE			T ADDRESS				
CITY-ST-ZIP TITLE	DOUVE OLUMOO LE 2000	DELETE	3.4. CITY-	·SI - ZIP		————	Change	Addition
NAME	ON OWN OF DUMANT		4.1 111LC				Auturigo	recurron
STREET ADDRESS	ATTAC AND COURS ASSESSED		#	T ADDRESS				
CITY-ST-ZIP	shan ei		4.3 SINCE	1				l l
TITLE	D	DELETE	5.1 TITLE	31- ZII	-		Change	Addition
NAME	LOGAN, WILLIE	_	5.2 NAME				-	

14. I do hereby certify that the information supplied with this filling 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 by the corporation or this 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 sin fly ittachment with an address.

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

A HEMORY AND THE TAKE DISTRICT