SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078579 (8)

OPA LOCKA-HIALEAH FLEA MARKET ASSOCIATION, INC.

Principal Place of Business Mailing Address 12705 N.W. 42ND AVE. 12705 N.W. 42ND AVE. MIAMI FL 33054 MIAMI FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0573182 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 58.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip $Z_{\rm IP}$ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROTH: MITCHEL W **B1** Name 21PZIN 2020 N.E. 163RD ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 NORTH MIAMI BEACH FL 33162 83 84 Zip Code 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 627.5505, Florida Statutes. SIGNATURE (NOTE: Registered Agent algorature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE Change L Addition S.L. HUANO NAME 1.2 NAME SCOTT MILLER 12705 N.W. 42 AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33054 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3 2 NAME

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5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

41 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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 of 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 couroration 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.

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FILED

Jul 10 1998 8:00am

Secretary of State