

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 18 1996 8:00 am
Secretary of State

DOCUMENT # **P95000036675 (3)**

1. Corporation Name
OPA LOCKA PROPERTY MANAGEMENT CORPORATION



Principal Place of Business: **C/O OPA LOCKA CDC, STE 20
490 OPA LOCKA BLVD.
OPA LOCKA FL 33054**

Mailing Address: **C/O OPA LOCKA CDC, STE 20
490 OPA LOCKA BLVD.
OPA LOCKA FL 33054**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **05/05/1995** 3a. Date of Last Report
4. FEI Number 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LITTLE, JOHN M
3000 BISCAYNE BLVD 5TH FLOOR
MIAMI FL 33137**

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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
NAME: **MILLS, DENISE**
STREET ADDRESS: **10765 N.W. 11TH STREET**
CITY-ST-ZIP: **PEMBROKE PINES, FL 33026**

TITLE: **D** DELETE
NAME: **BARNETT, WILLIE**
STREET ADDRESS: **6142 MIRAMAR PARKWAY, SUITE C**
CITY-ST-ZIP: **MIRAMAR, FL 33023**

TITLE: **D** DELETE
NAME: **FELTON JR., MILTON**
STREET ADDRESS: **5190 N.W. 167TH STREET, SUITE 204**
CITY-ST-ZIP: **MIAMI, FL 33014**

TITLE: **D** DELETE
NAME: **WILLIAMS-BALOWIN, STEPHANIE**
STREET ADDRESS: **17745 N.W. 22nd AVENUE**
CITY-ST-ZIP: **MIAMI, FL 33056**

TITLE: **D** DELETE
NAME: **JONATHAN KINGSLEY**
STREET ADDRESS: **1120 PAPAYA STREET**
CITY-ST-ZIP: **HOLLYWOOD, FL 33019**

TITLE: **D** DELETE
NAME: **LOGAN, WILLIE**
STREET ADDRESS: **18870 N.W. 53RD PLACE**
CITY-ST-ZIP: **MIAMI, FL 33015**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-07/19/96--01005--031
***233.75**

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephanie Baldwin* **STEPHANIE BALDWIN** 5/6/96 (305) 687-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date Time Stamp

CR2E034 (12/95)