

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 05 1997 8:00am
 Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000036675 (3)
 1. Corporation Name
OPA LOCKA PROPERTY MANAGEMENT CORPORATION



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|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country |
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| 3. Date Incorporated or Qualified 05/05/1995 | 3a. Date of Last Report 07/18/1996 |
| 4. FEI Number APPLIED FOR 65-0607158 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLS, DENISE | 1.2 NAME | |
| STREET ADDRESS | 10785 N.W. 11TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNETT, WILLIE | 2.2 NAME | |
| STREET ADDRESS | 6142 MIRAMAR PARKWAY, SUITE C | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILTON, FELTON JR. | 3.2 NAME | |
| STREET ADDRESS | 5190 N.W. 167TH STREET, SUITE 204 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33014 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS-BALDWIN, STEPHANIE | 4.2 NAME | |
| STREET ADDRESS | 17745 N.W. 22ND AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33058 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KINGSLEY, JONATHAN | 5.2 NAME | |
| STREET ADDRESS | 1120 PAPAYA STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOGAN, WILLIE | 6.2 NAME | |
| STREET ADDRESS | 18870 N.W. 53RD PLACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33015 | 6.4 CITY-ST-ZIP | |

14. I do 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 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 Williams-Baldwin* **STEPHANIE WILLIAMS-BALDWIN 8/26/97 (305)687-3545**

CR2E034 (4/97)