

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000036675 (3)**  
 1. Corporation Name  
**OPA LOCKA PROPERTY MANAGEMENT CORPORATION**



Principal Place of Business <b>C/O OPA LOCKA CDC. STE 20                  490 OPA LOCKA BLVD.                  OPA LOCKA FL 33054</b>	Mailing Address <b>C/O OPA LOCKA CDC. STE 20                  490 OPA LOCKA BLVD.                  OPA LOCKA FL 33054</b>
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DO NOT WRITE IN THIS SPACE

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	29 30

3. Date Incorporated or Qualified <b>05/05/1995</b>	
4. FEI Number <b>65-0607158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLS, DENISE</b>	
STREET ADDRESS	<b>10765 N.W. 11TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNETT, WILLIE</b>	
STREET ADDRESS	<b>6142 MIRAMAR PARKWAY, SUITE C</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILTON, FELTON JR.</b>	
STREET ADDRESS	<b>5190 N.W. 187TH STREET, SUITE 204</b>	
CITY-ST-ZIP	<b>MIAMI FL 33014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS-BALDWIN, STEPHANIE</b>	
STREET ADDRESS	<b>17745 N.W. 22ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KINGSLEY, JONATHAN</b>	
STREET ADDRESS	<b>1120 PAPAYA STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOGAN, WILLIE</b>	
STREET ADDRESS	<b>18870 N.W. 53RD PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** (305) 687-3545

CR2E034 (10/97)