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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000065129 (5)**

1. Corporation Name

OPPORTUNITY PROPERTY ACQUISITIONS, INC.

Principal Place of Business	Mailing Address
6640 N.W. 176TH TERRACE MIAMI FL 33015	6640 N.W. 176TH TERRACE MIAMI FL 33015

3. Date Incorporated or Qualified: 08/23/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 999 Eller Drive
22: Suite, Apt. #, etc.
23: City & State: Ft. Lauderdale, FL
24: Zip: 33316 25: Country: USA

2a. Mailing Address
26: P.O. Box 22544
27: Suite, Apt. #, etc.
28: City & State: Ft. Lauderdale, FL
29: Zip: 33335 30: Country: USA

4. FEI Number: 65-0604909 ☐ 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

BULA, MARISABEL
6640 N.W. 176TH TERRACE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: Lucas LeBolo
82 Street Address (P.O. Box Number is Not Acceptable): 19201 Collins Avene
83: Apt # 647
84 City: N. Miami Beach FL 85 Zip Code: 33160

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: [signature] Lucas Lebolo President 04/29/96
Signature, Typed or Printed Name of Registered Agent and Title, if Applicable — (If the Registered Agent is a corporation, the officer must sign.) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BULA, MARISABEL 6640 N.W. 176TH TERRACE MIAMI FL 33015	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001850591 -06/04/96--01154--010
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	***200.00 ☐ Change ☐ Addition 5/1/32

CR2E034 (12/95)

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: Marisabel Bula Marisabel Bula 04/29/96 (954)7680624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #