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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
999 ELLER DR.  
FT. LAUDERDALE FL 33316

Mailing Address  
PO BOX 22544  
FT. LAUDERDALE FL 33335-2544

3. Date Incorporated or Qualified 08/23/1995  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 1200 STERLING RD.  
Suite, Apt #, etc.  
22 # 6-A  
City & State  
23 DANIA FLORIDA  
Zip Country  
24 33004 25 U.S.  
2a. Mailing Address  
26 P.O. Box 22544  
Suite, Apt #, etc.  
27  
City & State  
28 FT. LAUDERDALE FLORIDA  
Zip Country  
29 33335 30 U.S.

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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
LE BOLO, LUCAS  
19201 COLLINS AVE.  
APT. #647  
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent  
81 Name BABLER, GWENDOLYN  
82 Street Address (P.O. Box Number is Not Acceptable)  
540 SOUTH PARK ROAD # 9-11  
83  
84 City HOLLYWOOD FL 85 Zip Code 33021

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 Gwendolyn Babler GWENDOLYN BABLER PRESIDENT 2/25/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME BULA, MARISABEL  
STREET ADDRESS 6640 N.W. 176TH TERRACE  
CITY-ST-ZIP MIAMI FL 33015  
TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
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CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PRESIDENT  
1.2 NAME BABLER, GWENDOLYN  
1.3 STREET ADDRESS 540 SOUTH PARK RD. # 9-11  
1.4 CITY-ST-ZIP HOLLYWOOD FL 33021  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: Gwendolyn Babler GWENDOLYN BABLER 1/15/97 (954) 925-8111  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)