

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90174 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000090415

1. Corporation Name
 O.P.M. MANAGEMENT OF FLORIDA, INC.



Principal Place of Business
 2800 ISLAND BOULEVARD
 SUITE 2401
 MIAMI FL 33160

Mailing Address
 2800 ISLAND BOULEVARD
 SUITE 2401
 MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
 10/23/1998

2. Principal Place of Business
 21 4151 NW 132nd St
 Suite, Apt. #, etc.

2a. Mailing Address
 26 4151 NW 132nd St
 Suite, Apt. #, etc.

4. FEI Number
 65-0871551

Applied For
 Not Applicable

22 City & State
 23 Miami FL 33

27 City & State
 28 Miami FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 33054 25 USA 29 33054 30 USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

8. This corporation owes the current year intangible Personal Property Tax. Yes No

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 _____ 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	PSD	<input checked="" type="checkbox"/> DELETE
NAME	WEINTRAUB, ALLEN	
STREET ADDRESS	2800 ISLAND BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	WEINTRAUB, MICHELE	
STREET ADDRESS	2800 ISLAND BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	A. Weintraub	
1.3 STREET ADDRESS	4151 NW 132nd St	
1.4 CITY-ST-ZIP	Miami FL 33054	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	M. Weintraub	
2.3 STREET ADDRESS	4151 NW 132nd St.	
2.4 CITY-ST-ZIP	Miami FL 33054	
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, with all other like empowered.

SIGNATURE:  3/5/99 305-681-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)