

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90025 003 ***161.25

002/834

DOCUMENT # 704429 NOR ISLE
1. Corporation Name
OPTIMIST CLUB OF NORTH SHORE MIAMI BEACH

Principal Place of Business
**416 WEST SAN MARINO DRIVE
MIAMI BEACH FL 33139
US**

Mailing Address
**416 WEST SAN MARINO DRIVE
MIAMI BEACH FL 33139
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/17/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0153223	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

**PARDO, JOSEPH
416 WEST SAN MARINO DRIVE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JERRY BERRAN	1.2 NAME	VICTOR SAKA
STREET ADDRESS	1800 NW 14TH ST #2208	1.3 STREET ADDRESS	310 N. Shore Dr.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Beach 33141
TITLE	VPD	2.1 TITLE	
NAME	MORGAN, EDDIE	2.2 NAME	
STREET ADDRESS	900 WEST AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	JOHN DEBLASIO	3.2 NAME	
STREET ADDRESS	2000 TOWER SIDE TERR., APT 1611	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	ALSTER, E. MANNY	4.2 NAME	
STREET ADDRESS	900 N.E. 195TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Asst Sec
NAME		5.2 NAME	JOSEPH PARDO
STREET ADDRESS		5.3 STREET ADDRESS	416 W San Marino Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami Beach, Fla 33239
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 617, 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 305-629495

CR2E037 (11/98)