12/15/98 TUE 12:51 FAX 305 860 7013 ADORNO 003

$791.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 17 PM 3:07

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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

A96000002406

DOCUMENT # A96000002406

1. Name of Limited Partnership

OP of Miami Limited Partnership

DO NOT WRITE IN THIS SPACE.

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
2601 S. Bayshore Drive	3155 N.W. 77th Avenue	12/20/96
Suite, Apt. #, etc.: Suite 1600	Suite, Apt. #, etc.	5. FEI Number: [X] Applied For [ ] Not Applicable
City & State: Miami, FL 33133	City & State: Miami, FL 33122	6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status
Zip: 33133 Country: U.S.A.	Zip: 33122 Country: U.S.A.	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $100

8b. Amount of Capital Contributions in FLORIDA to date: $100

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $103.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

A Z Registered Agent Corporation
2601 S. Bayshore Drive
Suite 1600
Miami, FL 33133

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

400002723694--8
-12/28/98--01112--003
*****8.75

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

A Z REGISTERED AGENT CORPORATION
SIGNATURE (Registered Agent Accepting Appointment) By: Justin T. Wilson, S/T DATE 12/4/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
OP Acquisition Corp.	3155 N.W. 77th Avenue	Miami, FL 33122	P96000102361

400002723694---8
-12/28/98--01112--005
***206.25 ****791.25

PBNMSTT 500.00
AR 105.00
ARSUPP 177.50
CVS 8.75
791.25

REINSTATEMENT 1998

CVS

1999
AR.

CR2E039 (1/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE DATE 12/16/98

Typed or Printed Name of General Partner Signing Form: OP Acquisition Corp. by J.C. Mas, Pres Telephone Number: (305) 599-1800