

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000452 (0)

1. Corporation Name

SAIL MIAMI 2000, INC.

Principal Place of Business

Mailing Address

1015 N. AMERICAN WAY  
MIAMI FL 33132

1015 N. AMERICAN WAY  
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0659188

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOTNICK, HOWARD  
1015 N. AMERICAN WAY  
MIAMI FL 33132

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 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

TITLE D ☐ DELETE

NAME SLOTNICK, HOWARD  
STREET ADDRESS 9961 E. BROADVIEW DRIVE  
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE D ☐ DELETE

NAME LENETTA, CARMEN  
STREET ADDRESS 1015 N. AMERICAN WAY  
CITY-ST-ZIP MIAMI FL 33132

TITLE D ☐ DELETE

NAME FERNANDEZ, JULIAN  
STREET ADDRESS 1015 N. AMERICAN WAY  
CITY-ST-ZIP MIAMI FL 33132

TITLE D ☐ DELETE

NAME JOHNSON, CHARLES  
STREET ADDRESS 201 S. BISCAYNE BLVD., 10TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME C  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME V  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME S  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(b), 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 or in an attachment with an address.

CR2E037 (4/97)

**Title:** T, D Addition  
**Name:** Pruitt, Peter  
**Street Address:** 100 S.E. 2nd Street  
**City-St-Zip:** Miami, FL 33131

**Title:** D Addition  
**Name:** Cristol, A.J.  
**Street Address:** Chambers 1412, Federal Bldg.  
51 S.W. 1st Avenue  
**City-St-Zip:** Miami, FL 33130

**Title:** VP, D Addition  
**Name:** McDonald, James L.  
**Street Address:** 1020 Port Boulevard  
**City-St-Zip:** Miami, FL 33132

**Title:** D Addition  
**Name:** Maggio, Capt. Joe  
**Street Address:** 3145 Virginia Street  
**City-St-Zip:** Coconut Grove, FL 33133

**Title:** D Addition  
**Name:** Maguire, Amelia Rea  
**Street Address:** 1200 Brickell Avenue  
**City-St-Zip:** Miami, FL 33101

**Title:** D Addition  
**Name:** Fascell, Dante  
**Street Address:** 1200 Brickell Avenue  
**City-St-Zip:** Miami, FL 33101

**Title:** D Addition  
**Name:** Slesnick, Donald  
**Street Address:** 10680 N.W. 25 Street  
Suite 202  
**City-St-Zip:** Miami, FL 33172