

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

01/25/1996

4. FEI Number

65-0659188

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MAGUIRE, AMELIA R
STREET ADDRESS 1200 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33101

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Please see additional
1.4 CITY-ST-ZIP Names on Attached
Sheet.

TITLE D ☐ DELETE

NAME FASCELL, DANTE
STREET ADDRESS 1200 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33101

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Fascell, Dante
2.3 STREET ADDRESS 701 Brickell Ave.
2.4 CITY-ST-ZIP Miami FL 33101

TITLE D ☐ DELETE

NAME SLESNICK, DONALD
STREET ADDRESS 10680 NW 25TH ST. STE. 202
CITY-ST-ZIP MIAMI FL 33172

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Maggio, Joe
3.3 STREET ADDRESS 3145 Virginia Street
3.4 CITY-ST-ZIP Coconut Grove, FL 33133

TITLE D ☐ DELETE

NAME PRUITT, PETER
STREET ADDRESS 100 SE 2ND ST.
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Slotnick, Howard
4.3 STREET ADDRESS 9961 E. Broadview Dr.
4.4 CITY-ST-ZIP Bay Harbour Island, FL 33154

TITLE D ☐ DELETE

NAME CRISTOL, A.J.
STREET ADDRESS 51 SW 1ST AVE.
CITY-ST-ZIP MIAMI FL 33130

5.1 TITLE PD ☐ Change ☒ Addition
5.2 NAME Fernandez, Julian
5.3 STREET ADDRESS 1015 N. America Way
5.4 CITY-ST-ZIP Miami, FL 33132

TITLE VPD ☐ DELETE

NAME McDONALD, JAMES L
STREET ADDRESS 1020 PORT BLVD.
CITY-ST-ZIP MIAMI FL 33132

6.1 TITLE VPD ☒ Change ☐ Addition
6.2 NAME McDonald, James L
6.3 STREET ADDRESS 833 Alhambra Ave.
6.4 CITY-ST-ZIP Coral Gables, FL 33134

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] 3/2/98 3:25-272-4070

CR2E037 (10/97)

1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD Johnson, Charles 201 South Biscayne Blvd. Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Sloan, Lea 500 Australian Ave. Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Thompson, Jr., Samuel C. 1311 Miller Drive Miami, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Macguire, Amelia Rea 701 Brickell Ave. Miami, FL 33101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Penelas, Alex 111 NW First Street Miami, FL 33128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition