


FILE NOW: FILING FEE IS \$61.25

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90045 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000452					
1. Corporation Name OPSAIL MIAMI 2000, INC.					
Principal Place of Business 1015 N. AMERICAN WAY MIAMI FL 33132			Mailing Address 1015 N. AMERICAN WAY MIAMI FL 33132		



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		3. Date Incorporated or Qualified 01/25/1996	
				4. FEI Number 65-0659188	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SLOTNICK, HOWARD 1015 N. AMERICAN WAY MIAMI FL 33132				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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, AMELIA R	1.2 NAME	
STREET ADDRESS	1200 BRICKELL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33101	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASCELL, DANTE	2.2 NAME	
STREET ADDRESS	701 BRICKELL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33101	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLESNICK, DONALD	3.2 NAME	
STREET ADDRESS	10680 NW 25TH ST. STE. 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, PETER	4.2 NAME	
STREET ADDRESS	100 SE 2ND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTOL, A.J.	5.2 NAME	
STREET ADDRESS	51 SW 1ST AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JAMES L	6.2 NAME	
STREET ADDRESS	1020 PORT BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99
Date

305-373-4070
Daytime Phone #

CR9E037 (11/98)

234328-90045-5
N96000000452

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 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 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 type="checkbox"/> Addition <input checked="" type="checkbox"/> Delete
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Maggio, Joe 3145 Virginia Street Coconut Grove, FL 33133	<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 Penelas, Alex 111 NW First Street Miami, FL 33128	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD Slotnick, Howard 9961 E. Broadview Dr. Bay Harbour, FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Fernandez, Julian 1015 N. America Way Miami, FL 33132	<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 Calvo, II, Jose A. 1505 Ponce de Leon Blvd. Coral Gables, FL 33134	<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 Maitland, Guy 11495 Commerce Park Dr. Reston, VA 22091-8522	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition