


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000031157 (6)**

1. Corporation Name  
**OPENING DAY, INCORPORATED**



Principal Place of Business <b>861 WASHINGTON AVE. MIAMI BEACH FL 33139</b>	Mailing Address <b>861 WASHINGTON AVE. MIAMI BEACH FL 33139</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/04/1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0669883</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21 <b>861 Washington Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami Beach FL</b> Zip 24 <b>33139</b>		2a. Mailing Address 26 <b>515 W 28th Street</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami Beach FL</b> Zip 29 <b>33140</b> Country 30 <b>USA</b>	

9. Name and Address of Current Registered Agent

**ROBINSON, RAYMOND L  
901 PONCE DE LEON BLVD., SUITE 701  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name <b>Ken Cameron</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>515 W 28th Street</b>
83
84 City <b>Miami Beach FL</b>
85 Zip Code <b>33140</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/11/97**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>CAMERON, KEN</b>	
STREET ADDRESS <b>901 PONCE DE LEON BLVD., SUITE 701</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Ken Cameron</b>	
1.3 STREET ADDRESS <b>515 W 28th Street</b>	
1.4 CITY-ST-ZIP <b>Miami Beach FL 33140</b>	
2.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Michelle Cameron</b>	
2.3 STREET ADDRESS <b>515 W 28th Street</b>	
2.4 CITY-ST-ZIP <b>Miami Beach, FL 33140</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

**Ken Cameron**

**8/11/97 (200) 924 7001**

CR2E034 (4/97)