FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 562371

OPTOR OF FLORIDA MANUFACTURING & TRADING CORP.

Principal Place of Business			Mailing A
2935 NORTH BAY ROAD	•		P O BOX
MIAMI BEACH FL 33140			MIAMI BE/
			US

P O BOX 402096 MIAMI BEAHC FL 33140

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90061 030 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

03/20/1978

59-1838948

4. FEI Number

3	•	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country		8. This corporation owes the	current year Intangible			
4	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered Agent	1	
	ADEZ EMILO B		81	Name				
	AREZ, EMILIO B.		82	Street A	ddress (P.O. Box Number is Not Acc	entable)		
	WEST FLAGLER STREET	* * * * * * * * * * * * * * * * * * * *	"	JUOUL A	adiose (io. box itamber is the rec			
MIAN	MI FL 33126	•	83			, 如 2 结 5 解 推		
				0.5		1145 124 13 145 15 15 15 15 15 15 15 15 15 15 15 15 15	319 (42) (18) October 1997	
			84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	-named co	orporation submits this statement for	the purpose of changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	thorized by	the corpor	ation's board of directors. I hereby a	ccept the appointment as re	egistered	
	and accept the congain	710 01, DOGIOTI 001.0000, I IOII	on Cidiales.					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agen	t signature req	uired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	LILLI, ENZO		1.2 NAME		· **.			
STREET ADDRESS	2935 NORTH BAY ROAD		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		1.4 C/TY-ST	- ZIP				
TITLE	V	☐ DELETE	2.1 TITLE	-		☐ Change	☐ Addition	
VAME	CERMINARA, LUCIANA		2.2 NAME			,		
STREET ADDRESS	2935 NORTH BAY ROAD		2.3 STREET	ADORESS	•		:	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-S	ŀ				
MLE	PROPERTY OF THE PROPERTY OF TH	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	网络特别名 1985年	. ,	3.2 NAME					
STREET ADDRESS	निर्देश विश्वय । अधि विश्वय	,	3.3 STREET	ADDOESS				
3.50	医阿克特氏 化							
OTTY-ST-ZIP		☐ DELETE	3.4. CITY- ST	- ZIP		Channe	Addition	
,						.,	Addidon	
IAME		*) · · · · · · · · · · · · · · · · · · ·	4. 2 NAME			,		
TREET ADDRESS		• •	4.3 STREET				÷	
ITY-ST-ZIP		.∴ ☐ DELETE	4.4 CITY-ST	-ZIP	· .	∏ Channa	FT Addition	
TITLE .			5.1 TITLE 5.2 NAME			☐ Change	Addition	
IAME				*DDDE**				
TREET ADDRESS		•	5.3 STREET					
TY-ST-ZIP			5.4 CITY-ST	-ZIP	•			
TILE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
AME	,		6.2 NAME					
TREET ADDRESS	W. M. TENA		6.3 STREET					
CITY-ST-ZIP			6.4 CITY-ST			<u> </u>		
4. I hereby c	ertify that the information supplied with	this filing does not qualify for t	he exemption	n stated in	n Section 119.07(3)(i), Florida Statute	es. I further certify that the i	nformation	
officer or o	on this annual report or supplemental a director of the corporation or the receive	of trustee empowered to exe	are and that ecute this re	my signati port as rec	ure snair nave the same legal eπect a quired by Chapter 607. Florida Statu	is ii made under oath; that ies: and that my name app	i ain an ears in	

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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John 16, 9

Daytime Phone #

R2E034 (11/98)