

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 14 AM 8:23**

**DOCUMENT # 685093 (7)**

1. Corporation Name  
**OPTIMUM INVESTMENTS CORP.**

Principal Place of Business      Mailing Address  
**5600 SW 75 AVE.                      5600 SW 75 AVE.  
MIAMI FL 33143                      MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/22/1980                              05/27/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26  
State, Apt. #, etc.                      State, Apt. #, etc.  
22      27  
City & State                              City & State  
23      28  
Zip    Zip    Country                                      Country  
24      25    29    30

4. FEI Number      Applied For  
**59-2377915                              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. The corporation has liability for intangible tax under S. 109.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**BRODIE, SIDNEY Z  
7270 NW 12 ST.  
MIAMI FL 33126**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and fee if applicable)      (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>
NAME	<b>CAPO, GERARDO</b>
STREET ADDRESS	<b>5600 SW 75 AVE.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 hereby certify that the information supplied with this filing is complete, correct and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report. I am a resident of the State of Florida at the address \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: **1/25/94**      **305-367-7839**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      (Typed Name)