

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L11387 (2)
OPTIPLEX, INC.

Principal Place of Business
6500 NW 15TH AVENUE
FORT LAUDERDALE FL 33309

Mailing Address
6500 NW 15TH AVENUE
FORT LAUDERDALE FL 33309

300001547949
-07/27/95--01072--016
*****233.75 *****233.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1989	3a. Date of Last Report 07/26/1994
4. FEI Number 65-0159491	Applied For 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. This corporation has liability for intangible tax under S. 190.012, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

BURGER, ALAN M. ESQ PA
9990 SW 77TH AVE
PENTHOUSE 5
MIAMI FL 33156

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

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD KAPLAN, JAN 6500 NW 15 AVENUE FT. LAUDERDALE FL	1.1 TITLE	☐ Change ☐ Addition
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	
4. CITY, ST., ZIP		1.4 CITY, ST., ZIP	
5. TITLE	VD KAPLAN, KAREN 6500 NW 15 AVENUE FT. LAUDERDALE FL	2.1 TITLE	☐ Change ☐ Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, ST., ZIP		2.4 CITY, ST., ZIP	
9. TITLE		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST., ZIP		3.4 CITY, ST., ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST., ZIP		4.4 CITY, ST., ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST., ZIP		5.4 CITY, ST., ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST., ZIP		6.4 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and that, not guilty for the exceptions stated in Section 190.012, Florida Statutes. I further certify that the information supplied 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am an officer, director, or registered agent.

SIGNATURE: Jan Kaplan 7/14/95 305 978-0400