FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

AMENDED REPORT FILING

DOCUMENT # P95000027541

1. Corporation Name
OPTIMA INTERNATIONAL OF MIAMI, INC.

Principal Place of Business: MIAMI Fl.

Mailing Address: 1521 ALTON RD #133, MIAMI BEACH Fl 33139

3. Date Incorporated or Qualified: 04/03/95
3a. Date of Last Report: 3/18/96

2. Principal Place of Business (21)
2a. Mailing Address (26): 1521 ALTON RD
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): #133
City & State (23)
City & State (28): MIAMI BEACH Fl
Zip (24) Country (25)
Zip (29): 33139 Country (30): U.S.A.

4. FEI Number: 65-0658618 — 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
MOSHE LABER — DELETE
4200 SHERIDAN ST #308
HOLLYWOOD Fl 33021

10. Name and Address of New Registered Agent
81 Name: MENACHEM M. KORF
82 Street Address (P.O. Box Number is Not Acceptable): 1125 WEST AVE #302
83
84 City: MIAMI BEACH FL
85 Zip Code: 33139

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 mailing) DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PRES / SEC.	☒ DELETE
NAME	MIRTELLI, STEWART M	
STREET ADDRESS	930 WASHINGTON AVE 3RD FLOOR	
CITY-ST-ZIP	MIAMI BEACH, Fl 33139	
TITLE	DIRECTOR / SEC.	☒ DELETE
NAME	LABER, MOSHE	
STREET ADDRESS	4200 SHERIDAN ST #308	
CITY-ST-ZIP	HOLLYWOOD, Fl 33021	
TITLE	OFFICER	☒ DELETE
NAME	MARCUS, CHAIM	
STREET ADDRESS	383 KINGSTON AVE #2004	
CITY-ST-ZIP	BROOKLYN, N.Y. 11213	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / TREAS.	☑ Change ☐ Addition
1.2 NAME	KORF, MORDECHAI Y.	
1.3 STREET ADDRESS	1257 ALTON RD.	
1.4 CITY-ST-ZIP	MIAMI BEACH, Fl 33139	
2.1 TITLE	V.P. / SEC.	☑ Change ☐ Addition
2.2 NAME	LABER, URI	
2.3 STREET ADDRESS	1521 ALTON RD #133	
2.4 CITY-ST-ZIP	MIAMI BEACH, Fl 33139	
3.1 TITLE	OFFICER	☐ Change ☑ Addition
3.2 NAME	KORF, MENACHEM	
3.3 STREET ADDRESS	1125 WEST AVE #302	
3.4 CITY-ST-ZIP	MIAMI BEACH Fl 33139	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/29/96 — Daytime Phone: 305-604-9003

CR2E034 (12/95)