

**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**  
4. FEI Number: **65-0658618**  
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

2. Principal Place of Business: **MIAMI BEACH FL**  
2a. Mailing Address: **1521 ALTON RD # 133 MIAMI BEACH FL**  
21. Suite, Apt. #, etc.: **# 133**  
22. City & State: **MIAMI BEACH FL**  
23. Zip: **33139** Country: **U.S.A.**

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. City: **MIAMI BEACH FL** 85. Zip Code: **33139**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRES / SEC.</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MIRABELLI, STEWART M</b>	
STREET ADDRESS	<b>930 WASHINGTON AVE 3RD FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	<b>DIRECTOR / SEC.</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LABER, MOSHE</b>	
STREET ADDRESS	<b>4200 SHERIDAN ST # 308</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE	<b>OFFICER</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARCUS CHAIM</b>	
STREET ADDRESS	<b>382 KINGSTON AVE # 2004</b>	
CITY-ST-ZIP	<b>BROOKLYN, N.Y. 11213</b>	
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. TITLE	<b>PRESIDENT / TREAS.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
2. NAME	<b>KORF, MORDECHAI Y.</b>	
3. STREET ADDRESS	<b>1257 ALTON RD.</b>	
4. CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
5. TITLE	<b>V.P. / SEC.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
6. NAME	<b>LABER, URI</b>	
7. STREET ADDRESS	<b>1521 ALTON RD # 133</b>	
8. CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
9. TITLE	<b>OFFICER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	<b>KORF, MENACHEM</b>	
11. STREET ADDRESS	<b>1125 WEST AVE # 302</b>	
12. CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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 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 appointment with an address.

SIGNATURE: DATE: **4/29/96** 305-604-9003

CR2E034 (12/95)