

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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
27. Suite, Apt. #, etc.: **# 133**
28. City & State: **MIAMI BEACH FL**
29. Zip: **33139**
30. 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.
84. 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	PRES / SEC.	<input checked="" type="checkbox"/> DELETE
NAME	MIRABELLI, STEWART M	
STREET ADDRESS	930 WASHINGTON AVE 3RD FLOOR	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	DIRECTOR / SEC.	<input checked="" type="checkbox"/> DELETE
NAME	LABER, MOSHE	
STREET ADDRESS	4200 SHERIDAN ST # 308	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	OFFICER	<input checked="" type="checkbox"/> DELETE
NAME	MARCUS CHAIM	
STREET ADDRESS	382 KINGSTON AVE # 2004	
CITY-ST-ZIP	BROOKLYN, N.Y. 11213	
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	PRESIDENT / TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
2. NAME	KORF, MORDECHAI Y.	
3. STREET ADDRESS	1257 ALTON RD.	
4. CITY-ST-ZIP	MIAMI BEACH, FL 33139	
21. TITLE	V.P. / SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
22. NAME	LABER, URI	
23. STREET ADDRESS	1521 ALTON RD # 133	
24. CITY-ST-ZIP	MIAMI BEACH, FL 33139	
31. TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	KORF, MENACHEM	
33. STREET ADDRESS	1125 WEST AVE # 302	
34. CITY-ST-ZIP	MIAMI BEACH FL 33139	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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)