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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000027541 (8)

1. Corporation Name

OPTIMA INTERNATIONAL OF MIAMI, INC.



Principal Place of Business

Mailing Address

1521 ALTON RD
#133
MIAMI BEACH FL 33139

1521 ALTON RD
#133
MIAMI BEACH FL 33139-3301

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

KORF, MENACHETT M
1125 WEST AVE #302
MIAMI BEACH FL 33139

81 Name KORF, MENACHEM M.

82 Street Address (P.O. Box Number is Not Acceptable)
1125 WEST AVE #302

83

84 City MIAMI BEACH, FL 85 Zip Code 33139

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

03/21/1996

4. FEI Number

65-0658618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 0 ☒ DELETE
NAME KORF, MENACHETT
STREET ADDRESS 1125 WEST AVE #302
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DS ☐ DELETE
NAME LABER, URI
STREET ADDRESS 1521 ALTON RD #133
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE PT ☐ DELETE
NAME KORF, MORDECHAI Y
STREET ADDRESS 1257 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL 33139

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.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

VICE PRESIDENT/SECRETARY

LABER, URI

1521 ALTON RD #133

MIAMI BEACH, FL 33139

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

305-604-9003

Date

Daytime Phone #

0190778

CR2E034 (9/96)