

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000031440 (7)**

**1. Corporation Name  
OPTIMA GRAPHICS CORPORATION**



**Principal Place of Business**  
8530 SW 149TH AVE  
#806  
MIAMI FL 33193  
US

**Mailing Address**  
8530 SW 149TH AVE  
#506  
MIAMI FL 33193-1447  
US

**3. Date Incorporated or Qualified** 04/21/1995  
**3a. Date of Last Report** 02/07/1996

**2. Principal Place of Business**

**21** 8051 N.W. 36 ST.  
Suite, Apt. #, etc.  
22 605  
City & State  
23 MIAMI, FLA  
Zip Country  
24 33166. 25

**2a. Mailing Address**

**26** 8051 N.W. 36 ST  
Suite, Apt. #, etc.  
27 605  
City & State  
28 MIAMI, FLA  
Zip Country  
29 33166. 30

**4. FEI Number** 65-0584609  
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**

**LEVI, RAIMUNDO LOBEZ  
LOPEZ LEVI & ASSOCIATES, PA  
815 NW 57TH AVE, #304  
MIAMI FL 33126**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **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** *Raimundo Lopez* **DATE** 02/25/97  
Signature of board or principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>HURTADO, JOSE S</b>
<b>STREET ADDRESS</b>	<b>CALLE 11 NO. 22-51 AA 34905</b>
<b>CITY-ST-ZIP</b>	<b>SANTAFE DE BOGOTA DC COLOMBI</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>ZAPATA, IVAN D</b>
<b>STREET ADDRESS</b>	<b>CALLE 11 NO. 22-51 AA 34905</b>
<b>CITY-ST-ZIP</b>	<b>SANTAFE DE BOGOTA DC COLOMBI</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>SAENZ, IVAN J</b>
<b>STREET ADDRESS</b>	<b>CALLE 11 NO. 22-51 AA 34905</b>
<b>CITY-ST-ZIP</b>	<b>SANTAFE DE BOGOTA DC COLOMBI</b>
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>BUITRAGO, JUAN</b>
<b>STREET ADDRESS</b>	<b>8530 S.W. 149TH AVENUE, APT. 906</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33193</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**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:** *Raimundo Lopez* **DATE** 02/25/97 - (305)640-8999  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/96)