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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

21	pplied For ot Applicable Additional equired
OPUS INSTRUMENTS, INC. Principal Place of Business C/O MICHAEL GLINSKY 218 2255 LEJEUNE RD BUTTE 1111 CORAL GABLES FL 33134-5802 3. Date Incorporated or Qualified O9/17/1991 3a. Date of Last R O9/17/1991 3a. Date of Last R O9/17/1991 3a. Date Incorporated or Qualified O9/17/1996 3b. Date Incorporated or Qualified O9/17/1996 3c. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. FEI Number 65-0294633 2d. No. Suite, Apt. #. etc. 2d. State 2d. City & State 2d. Election Campaign Financing 7tout Fund Contribution Added 7tout Country 2d. State	pplied For ot Applicable Additional equired
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21	ot Applicable Additional equired May Be to Fees
Suite, Apt. #, etc. 22 27 27 28 City & State City & State 28 Zip Country Zip Country 29 30 Country 29 30 Country 29 30 Country 30 Registered Agent GLINSKY, MICHAEL 2655 LEJEUNE RD. SUITE 1111 CORAL GABLES FL 33134 Size Suite, Apt. #, etc. Suite, Apt. #, etc. Suit	Additional equired May Be to Fees
Second City & State City & Status Desired &	equired May Be to Fees
City & State City & State 28 Zip Country 25 29 30 Country 9, Name and Address of Current Registered Agent GLINSKY, MICHAEL 2655 LEJEUNE RD. SUITE 1111 CORAL GABLES FL 33134 6. Election Campaign Financing Trust Fund Contribution Added Trust Fund Contribution Florida Statues Florida Statu	to Fees
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9, Name and Address of Current Registered Agent GLINSKY, MICHAEL 2655 LEJEUNE RD. SUITE 1111 CORAL GABLES FL 33134 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 64 City FL 85 Zip	
2655 LEJEUNE RD. SUITE 1111 CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip	
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CORAL GABLES FL 33134 84 City FL 85 Zip	
84 City FL 85 Zip]
	Code
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ts registered
	registered
SIGNATURE	ĺ
Signature, typics or printed rame of registered eigent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 11. TITLE 1.1 TITLE 1.1 TITLE	Addition
NAME GHERSI, ARNOLDO 1.2 NAME	
STREET ADDRESS 1776 N PINE ISLAND RD SUITE 218 1.3 STREET ADDRESS	
CITY-ST-ZIP PLATATION FL 14 CITY-ST-ZIP	[
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CITY-ST-ZIP	☐ Addition
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CITY - ST - ZIP 6.4 CITY - ST - ZIP	ł
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 information indicated on this annual report or supplier entation and the same legal effect as if made unly am an officer or director of the corporation or the reference or trustee entropy of the execute this report as required by Chapter 607, Florida Statutes; and that my received or trustee entropy of the execute this report as required by Chapter 607, Florida Statutes; and that my received to execute this report as required by Chapter 607, Florida Statutes.	