

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90102 038 ***150.00

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DOCUMENT # 685093

1. Corporation Name
OPTIMUM INVESTMENTS CORP.

Principal Place of Business
5600 SW 75 AVE.
MIAMI FL 33143

Mailing Address
5600 SW 75 AVE.
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1980

4. FEI Number

59-2377915

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 1414 NW 107 AVE

26 1414 NW 107 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4TH FLOOR

27 4TH FLOOR

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33172

29 33172

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODIE, SIDNEY Z
7270 NW 12 ST.
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME CAPO, GERARDO
STREET ADDRESS 5600 SW 75 AVE.
CITY-ST-ZIP MIAMI FL

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME CAPO, Gerardo
1.3 STREET ADDRESS 5025 COLLINS AVE, Apt. 1001
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME CAPO, CATHERINE
2.3 STREET ADDRESS 2642 COLLINS AVE Apt. 412
2.4 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Sec. ☐ Change ☒ Addition
3.2 NAME CAPO, CHRISTINE
3.3 STREET ADDRESS 19062 NW 23 PL.
3.4 CITY-ST-ZIP Pembroke Pines FL 33029

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 5130501 EAT 212
Date Daytime Phone #

CR2E034 (11/98)