FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
95 JUL 25 PM 2:39

DOCUMENT # **F94000003826 (4)**

1. Corporate Name

OPTIPLEX OF TEXAS, INC.

Principal Place of Business	Mailing Address
6500 N.W. 15TH AVE. FT. LAUDERDALE FL 33309	6500 N.W. 15TH AVE. FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1994**
3a. Date of Last Report:

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **65-0478241** ☐ 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	10. Name and Address of New Registered Agent
BURGER, ALAN M ESQ 9990 SW 77TH AVE., PH-5 MIAMI FL 33156	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
01 Title 02 Name 03 Street Address 04 City, St, Zip	DC KAPLAN, JAN 6500 NW 15TH AVE., #100 FT LAUDERDALE FL	☐ Change ☐ Addition 900001547939 -07/27/95--01072--015 ****233.75 ****233.75
11 Title 12 Name 13 Street Address 14 City, St, Zip		☐ Change ☐ Addition
21 Title 22 Name 23 Street Address 24 City, St, Zip		☐ Change ☐ Addition
31 Title 32 Name 33 Street Address 34 City, St, Zip		☐ Change ☐ Addition
41 Title 42 Name 43 Street Address 44 City, St, Zip		☐ Change ☐ Addition
51 Title 52 Name 53 Street Address 54 City, St, Zip		☐ Change ☐ Addition
61 Title 62 Name 63 Street Address 64 City, St, Zip		☐ Change ☐ Addition

14. I 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)(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 above or on an attachment with an address.

SIGNATURE: Jan Kaplan 7/14/95 305-978-0400
SIGNATURE AND TYPED OR PRINTED NAME OF WHOING OFFICER OR DIRECTOR

0216003 CP