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Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F95000003548 (3)**

1. Corporation Name
OPTIMO INTERNATIONAL, INC.



Principal Place of Business
**C/O AKERMAN, SENTERFITT & EIDSON, P.A.
1 SE 3RD AVE. 28TH FLOOR
MIAMI FL 33131**

Mailing Address
**C/O AKERMAN, SENTERFITT & EIDSON, P.A.
1 SE 3RD AVE. 28TH FLOOR
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0594881	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	PC	<input type="checkbox"/> DELETE
NAME	MULLER, WILFRED	
STREET ADDRESS	OPTIMO ANLAGE/UNDVERWALTUNGS-AG/POB 8032	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MULLER, SANDRA	
STREET ADDRESS	OPTIMO ANLAGE/UNDVERWALTUNGS-AG/POB 8032	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRICKER, CHRISTIAN	
STREET ADDRESS	TRANSVERSAL 46 #97-55/TORRE VIZCAYA	
CITY-ST-ZIP	APTO 304, TORRE 2, BOGOTA, CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DE BRIKER, MONICA S	
STREET ADDRESS	TRANSVERSAL 46 #97-55/TORRE VIZCAYA	
CITY-ST-ZIP	APTO 304, TORRE 2, BOGOTA, CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilfred Muller	
1.3 STREET ADDRESS	Optimo Anlage/Undverwaltungsg-AG/POB 8032	
1.4 CITY-ST-ZIP	Zurich, Switzerland	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 this 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:

Sandra Muller SANDRA MULLER 4/14/98 PH-411-4220045

CR2E034 (10/97)