

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90021 008 ***150.00

DOCUMENT # F95000003548

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

21 2038 HENLEY PLACE
Suite, Apt. #, etc.

City & State

23 Ft MYERS, FL

24 33901

25 USA

2a. Mailing Address

26 2038 HENLEY PLACE
Suite, Apt. #, etc.

City & State

28 Ft MYERS, FL

29 33901

30 USA

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0594881

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

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: WILLIAM A. MAHER

82 Street Address (P.O. Box Number is Not Acceptable)
2038 HENLEY PL.

83

84 City Ft MYERS

FL

85 Zip Code 33901

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

4/27/99

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME MULLER, WILFRED
STREET ADDRESS OPTIMO ANLAGE/UNDVERWALTUNGS-AG/POB 8032
CITY-ST-ZIP ZURICH, SWITZERLAND

TITLE SD
NAME MULLER, SANDRA
STREET ADDRESS OPTIMO ANLAGE/UNDVERWALTUNGS-AG/POB 8032
CITY-ST-ZIP ZURICH, SWITZERLAND

TITLE V
NAME BRICKER, CHRISTIAN
STREET ADDRESS TRANSVERSAL 46 #97-55/TORRE VIZCAYA
CITY-ST-ZIP APTO 304, TORRE 2, BOGOTA, CA

TITLE T
NAME DE BRIKER, MONICA S
STREET ADDRESS TRANSVERSAL 46 #97-55/TORRE VIZCAYA
CITY-ST-ZIP APTO 304, TORRE 2, BOGOTA, CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

Date

Daytime Phone #

4/24/99

941-337-3247

0186983

CR2E034 (11/98)