PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90013 020 ***150.00

 Corporation 	VIEN I # F98000 1 OPUS CAPITAL INC.	0001907							
Principal Place of Business Mailing Address						[\$885148 (tid rotal tellt dett. Galt) Den anne nere tinn rate nes in	11.1061		
740 S. FEDERAL HWY. #606 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/01/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied F	For		
21	, ' <u> </u>					98-1009327 Not Appl			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			
	City & State City & State					6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee			
Zip	Country 25	Zip 29 3	Coun	try		8. This corporation owes the current year Intangible Personal Property Tax.)		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
GIORDANO, ENRICO 740 S. FEDERAL HWY. #606 POMPANO BEACH FL 33062				81 82 83	Name Street Addi	ress (P.O. Box Number is Not Acceptable)			
					City	FL 85 Zip Code			
11. Pursuant office or reagent. I as	egistered agent, or both, in the Star m familiar with, and append the obli-	te of Florida. Such change was aut gations of, Section 607.0506, Florid	horized i da Statut -€ ك⊶	by thes.	ne corporation	poration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as registered when remarkation.	ered ed		
40	Signature, typed or printed name of registered a	agent and title if applicable (NOTE: F	Registered A	gent:	signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	J 12		
12.	PSTD OFFICERS /	DELETE	1.1 TITL	 E	— <u>́</u>		Addition		
NAME	0.000			2 NAME		<u>-</u>			
TAR C TENTENT LINES HOLD				_	ADDRESS				
COMPANO PERON EL COCCO			1.4 CITY						
TITLE		☐ DELETE	2.1 TITL			☐ Change	Addition		
NAME			2.2 NAM	Æ	1				

	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	egistered Agent signature 🕩	equired when reinstating)
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GIORDANO, ENRICO	1.2 NAME	
STREET ADDRESS	740 S. FEDERAL HWY. #606	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	·

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 tructee 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #