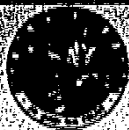


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gordon B. Norton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:06

DOCUMENT # K32055

(1)

1. Corporation Name

OPARK LANE (N.V.) INC.

Principal Place of Business

**3049 NE 163RD ST
N MIAMI BEACH FL 33160
US**

Mailing Address

**3049 NE 163RD ST
N MIAMI BEACH FL 33160
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1988

3a. Date of Last Report

03/11/1994

4. FEI Number

59-2118270

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

2. Principal Place of Business

21 3115 NE 163rd Street

2a. Mailing Address

26 3115 NE 163rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 North Miami Beach, FL

28 North Miami Beach, FL

24 Zip

25 Country

USA

29 Zip

30 Country

USA

9. Name and Address of Current Registered Agent

**WHITE, NANCY C.
3049 NORTHEAST 163RD STREET
NORTH MIAMI FL 33160**

10. Name and Address of New Registered Agent

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 of person or persons authorized to change registered agent and office (if applicable)

Signature of Registered Agent (signature required at all times)

(1 of 1)

12. OFFICERS AND DIRECTORS

12.1 NAME
XX BROD, KAREN
12.2 STREET ADDRESS
3049 N.E. 163RD STREET
12.3 CITY, ST, ZIP
N. MIAMI FL 33160

12.4 NAME
PD SREDNI, ISAAC
12.5 STREET ADDRESS
3049 N.E. 163RD STREET
12.6 CITY, ST, ZIP
N. MIAMI FL 33160

12.7 NAME
VD SREDNI, ERWIN
12.8 STREET ADDRESS
3049 NE 163RD ST
12.9 CITY, ST, ZIP
N MIAMI BEACH FL 33160

12.10 NAME

12.11 NAME

12.12 STREET ADDRESS

12.13 CITY, ST, ZIP

12.14 NAME

12.15 NAME

12.16 STREET ADDRESS

12.17 CITY, ST, ZIP

12.18 NAME

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME **S/D** ☒ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 NAME

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 NAME

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 NAME

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 NAME

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 NAME

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(3)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Isaac Sredni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95
Date

(305) 445-4791
Telephone Number