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

APPROVED AND FILED

95 MAY -1 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L23810** **(9)**

1. Corporation Name
OPTIM PRODUCTS, INC.

Principal Place of Business	Mailing Address
3901 S.W. 47TH AVE. SUITE 412 DAVIE FL 33314	3901 S.W. 47TH AVE. SUITE 412 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1989**
3a. Date of Last Report: **03/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 5600 N.W. 12 AVE	26 5600 N.W. 12 AVE.
Suite, Apt. #, etc. 22 STE. 303	Suite, Apt. #, etc. 27 STE. 303
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip / Country 24 33309 / 25 U.S.A.	Zip / Country 29 33309 / 30 U.S.A

4. FEI Number: **65-0154063** ☐ 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
LUBRANO, CATHERINE 3901 SW 47TH AVE SUITE 412 DAVIE FL 33314	81 Name: MICHAEL L. BRODY 82 Street Address (P.O. Box Number is Not Acceptable): 5600 N.W. 12 AVE 83 STE. 303 84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

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: Michael L Brody, PRESIDENT 2-13-95
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PM ☒ Change ☐ Addition
NAME	LUBRANO, CATRHERINE	12 NAME	MICHAEL L. BRODY
STREET ADDRESS	3901 SW 47 AVENUE # 412	13 STREET ADDRESS	5600 N.W. 12 AVE, # 303
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: Michael L Brody, PRESIDENT, MICHAEL L. BRODY, 2/13/95 305-771-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q23330 CP