

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010942 (8)

1. Corporation Name

OPTIMAL ENGINEERING, INC.

Principal Place of Business

275 FONTAINEBLEAU BLVD.
STE. 195
MIAMI FL 33172-4574

Mailing Address

275 FONTAINEBLEAU BLVD.
STE. 195
MIAMI FL 33172-4574

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

2. Principal Place of Business

21 9230 SW 92 Ct

2a. Mailing Address

26 9230 SW 92 Ct

4. FEI Number

65-0475685

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Miami FL

City & State

28 Miami, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33176

25 USA

Zip

Country

29 33176

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CACICEDO, RAMON R JR.
275 FONTAINEBLEAU BLVD.
STE. 195
MIAMI FL 33172-4574

10. Name and Address of New Registered Agent

81 Name

Gerald M. Laban

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

9100 SW 92 Ct.

83

84 City

Miami

FL

85 Zip Code

33176

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

Gerald M. Laban

Signature typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4-5-95

12. OFFICERS AND DIRECTORS

TITLE P
NAME LABAN, ILSE
STREET ADDRESS 9100 S.W. 92ND COURT
CITY- ST- ZIP MIAMI FL 33176

TITLE VST
NAME LABAN, ILSE
STREET ADDRESS 9100 S.W. 92ND COURT
CITY- ST- ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 110.07(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 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:

Ilse Laban

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95

270-4046

Title

My/their Name &