

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015966 (2)

1. Corporation Name

OPTIMAX AMERICA, INC.

Principal Place of Business

516 MALAGA AVENUE
CORAL GABLES FL 33134

Mailing Address

516 MALAGA AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (2 digits)

03/01/1994

3a. Date of Last Report

4. FID Number

65-0479636

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. Is the corporation subject to the Uniform Trust Fund Contribution
Florida Statutes? ☒ Yes ☐ No

2. Principal Office

21. 8205 NW 30th TERRACE

2b. Mailing Office

26. 8205 NW 30th TERRACE

22. State of Incorporation

23. MIAMI, FLORIDA

27. State of Mailing Office

28. MIAMI, FLORIDA

24. ZIP Code

25. USA

29. ZIP Code

30. USA

9. Name and Address of Current Registered Agent

FABRE, ERNEST
516 MALAGA AVENUE
CORAL GABLES FL 33134

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 the laws of the State of Florida, the above named corporation submits this statement for the purpose of changing its registered office and registered agent to 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 a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE

Signature of Registered Agent

Signature of President or Officer

ATTEST

12. OFFICERS AND DIRECTORS

12.1 NAME	D FABRE, ERNEST
12.2 STREET ADDRESS	516 MALAGA AVENUE STE. 2
12.3 CITY, STATE, ZIP	CORAL GABLES FL 33134
12.4 NAME	ROESSNER, DONALD
12.5 STREET ADDRESS	
12.6 CITY, STATE, ZIP	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, STATE, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, STATE, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, STATE, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	P. D ROESSNER, DONALD	☐ Change ☒ Addition
13.2 STREET ADDRESS	8205 NW 30th TERRACE	
13.3 CITY, STATE, ZIP	MIAMI, FL 33122	
13.4 NAME	JOSE M. FABRE, JR., D	☐ Change ☒ Addition
13.5 STREET ADDRESS	FABRE, JOSE M.	
13.6 CITY, STATE, ZIP	8205 NW 30th TERRACE	
13.7 NAME	MIAMI, FL 33122	
13.8 NAME		☐ Change ☐ Addition
13.9 STREET ADDRESS		
13.10 CITY, STATE, ZIP		
13.11 NAME		☐ Change ☐ Addition
13.12 STREET ADDRESS		
13.13 CITY, STATE, ZIP		
13.14 NAME		☐ Change ☐ Addition
13.15 STREET ADDRESS		
13.16 CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the corporation stated in this filing. I further certify that the information supplied with this filing is true and correct, and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and I am a resident of the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE:

Donald E. Roessner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD E. ROESSNER, PRESIDENT

4/26/95

(305) 477-7377