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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90019 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # 794000019298 1. Corporation Name OPR INC											
Principal Place of Business 847 SW 8th ST MIAMI FL 33130		Mailing Address 1214 SW 2nd ST MIAMI FL 33135-2404									
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 28 Sulte, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/07/94 4. FEI Number 65-0488734 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No							
8. Name and Address of Current Registered Agent OSORIO, FABIAN 847 SW 8th ST MIA FL 33130				9. Name and Address of New Registered Agent							
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE											
12. OFFICERS AND DIRECTORS 11.1 TITLE ☐ DELETE NAME PSTD OSORIO FABIAN STREET ADDRESS 7430 NW 2nd TERR CITY-ST-ZIP MIAMI FL 33126 11.2 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 11.3 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 11.4 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 11.5 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12.1 TITLE ☐ Change ☐ Add 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP ☐ Change ☐ Add 13.1 TITLE ☐ Change ☐ Add 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP ☐ Change ☐ Add 14.1 TITLE ☐ Change ☐ Add 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP ☐ Change ☐ Add 15.1 TITLE ☐ Change ☐ Add 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP ☐ Change ☐ Add 16.1 TITLE ☐ Change ☐ Add 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

305-662-7611