SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091277 (1)

OPTUR WHOLESALERS, INC.

|--|

Mailing Address

FILED Aug 12 1997 8:00am Secretary of State



13302 S.W. 10			13302 S.W. 103RD PLACE					
MIAMI FL 33176		MIAMI FL 33176	MIAMI FL 33176		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	3a. Date of		
					12/19/1994	06/21/	· I	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	1 10/2 1/	Applied For	
21		26			65-0623484		Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\ √ \$8	3.75 Additional	
22		27			Certificate of Status Desired	M '	Fee Required	
City & State	9	City & State	City & State		6. Election Campaign Financing	* \$	5.00 May Be	
23					Trust Fund Contribution		Added to Fees	
Z i ρ ├─┐	• Country	Zip	Country	•	8. This corporation owes or has pai			
24 25 29 30				Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	Erardi, Christian 02 S .W. 103RD Place		81	Name				
		82	Street	Address (P.O. Box Number is Not Acceptable	le)			
MIAMI FL 33176								
			63					
			B4	City		85	Zip Çode	
			<u></u>			FL I	·	
11. Pursuant t	to the provisions of Sections 60 agistered agent, or both, in the	7.0502 and 607.1508, Florida Statute State of Florida, Such change was a	es, the above	e-named	d corporation submits this statement for the proporation's board of directors. I hereby acceptions	urpose of chan	ging its registered	
agent. I ar	m familiar with, and accept the	obligations of, Section 607.0505, Flo	rida Statutes	3.	portions board of directors. Thereby accep	the appoint	erit as registered	
SIGNATURE								
	Signature, typed or printed name of registe			nulangia Ins	e required when reinstating)	DATE		
12.	PSD OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	·		
TITLE		DELETE	1.1 TOTLE			□c	hange L Addition	
NAME	GHERARDI, CHRISTIAN	, p-	1.2 NAME					
STREET ADDRESS				ADDRESS			İ	
CITY-ST-ZIP	MIAMI FL 33176	Descri	1.4 CITY - S	1-2IP				
TITLE		☐ DELETE	2.1 TITLE			С	hange L Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY- 5	ST - ZIP				
TITLE		DELETE	3.1 TITLE			L.j C	hange 🛄 Addition	
NAME			3.2 NAME		}			
STREET ADDRESS			3.3 STREET	address				
CITY-ST-ZIP			3.4. CITY - S	ST-21P				
TITLE		DELETE	4.1 TITLE				hange 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T- Ž IP		<u></u>		
TITLE	•	DELETÉ	5.1 TITLE			☐ Ci	nange 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T - ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ C	nange Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
CITY-ST-ZIP			64 DITY-S	f-ZIP				
14. I do hereb	v certify that the information su	policed with this faine aloes not qualify	for the ever	motion s	tated in Section 119 07(3)(i) Florida Statutes	I further cortif	u that the	

I do neleby certify that the information supplied with this tyng chose not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or furplemental 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 proporation of the receiver or flustee empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, for on an atlating on the adjuster.