(850) 922-3709
8501 922-3709 09/10/99 1 00 Fl. Dept. of State p1

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00 AMENDED

PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 4:11

0255433

DOCUMENT # P94000091277

1. Corporation Name
OPTUR WHOLESALERS, INC.

Principal Place of Business	Mailing Address
13302 S.W. 103RD PLACE MIAMI FL 33176	13302 S.W. 103RD PLACE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994

2. Principal Place of Business
21: 2338 N.E. 26 STREET
22: Suite, Apt. #, etc.
23: City & State: FT. LAUDERDALE, FL.
24: Zip: 33305
25: Country: DADE

2a. Mailing Address
26: 2338 N.E. 26 STREET
27: Suite, Apt. #, etc.
28: City & State: FT. LAUDERDALE, FL.
29: Zip: 33305
30: Country: DADE

4. FEI Number: 65-0623484 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GHERARDI, SANDRO
13302 S.W. 103RD PLACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: LEAL, NUNO
82 Street Address (P.O. Box Number Is Not Acceptable): 2338 N.E 26 STREET
83:
84 City: FT. LAUDERDALE FL 85 Zip Code: 33305

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] DATE: 10/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GHERARDI, SANDRO 13302 S.W. 103RD PLACE MIAMI FL 33176	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/S/D LEAL, NUNO 2338 N.E 26 STREET FT. LAUDERDALE, FL. 33305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

500003447585--0
-11/01/00--01103--010
*****61.25 *****61.25

10/31

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: [signature] 10/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #