## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500002129 (1)

## OPTIC TECH INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address 2601 N.W. 105TH AVE. 2601 N.W. 105TH AVE. MIAM! FL 33172 MIAMI FL 33172-2176 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0557565 26 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees 23 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPENCER, THOMAS R JR 801 BRICKELL AVE. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1901** 63 **MIAMI FL 33131** 84 City Zip Code 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. Familiar with land accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signal-re, typed or printed name of registered again and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. Change Addition DELETE THEFE 11 IOLE WU. SAMSON NAME 1.2 NAME CR2E034 2601 N.W. 105TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33172 1.4 CITY-ST-ZIP 011Y - 51 - 20P DELETE Change Addition TIT, F 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZU DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C:TY-ST-70P DELETE Change Addition 4.1 TITLE THUE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE THEF 5.2 NAME NAU1 STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

THE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do 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.

0232885

**FILED** 

May 09 1997 8:00am

Secretary of State