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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500002129 (1)

FILED May 06 1998 8:00am Secretary of State

OPTIC TECH INTERNATIONAL CORPORATION						
Principal Place of Business Mailing Address						#Q(
2601 N.W. 105TH AVE. 2601 N.W. 105TH AVE.			E.			
MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	TO BI AGE
					01/06/1995	
	lace of Business	2a. Mailing Address	├ ─┐		4. FEI Number	Applied For
21 Suite, Apt.	# ato	26 Suite Apt # ete	Suite, Apt. #, etc.		65-0557565	Not Applicable
22	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	~າ ⊢⊷~າ `		8. This corporation owes or has paid the	current year Intangible
24	25 9. Name and Address of Curre	29	30	···	Personal Property Tax due June 30.	Yes No
<u> </u>		nt Hegistered Agent		31 Name	10. Name and Address of New Register	ad Agent
	encer, Thomas R JR 1 Brickell ave.		L.			
	ITE 1901		1	32 Street A	Address (P.O. Box Number is Not Acceptable)	
	AMI FL 33131		ļ	33		
				City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statution.					corporation submits this statement for the purpose	e of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	, Florida Statu	tes.	orthoris board of directors. Thereby accept the a	sphonunent as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ag OFFICERS AN	ND DIRECTORS	NOTE: Hegislered	Agent signature i	required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	<u> </u>
TITLE	D	☐ DELE te	1.1 1111	E		Change Addition
NAME	WU, SAMSON		1.2 NAN	IE .		
STREET ADDRESS	26 01 N.W. 105TH AVE.		1.3 \$1			
CITY-\$1-ZIP	MIAMI FL 33172		1.4 CIT	-SI-ZIP		
TITLE	☐ DELETE		2,1 TITE	Į.		Change Addition
NAME			2.2 NAM	Į.		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP		
TITLE		☐ DELETE	3,1 1111			☐ Change ☐ Addition
NAME			3.2 NAN	ľ		
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4. C(T	Y-ST-ZIP		
TITLE		DELETE	41 TITL	ļ		☐ Change ☐ Addition
NAME			4. 2 NAI			
STREET ADORESS				EET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C(1) 5.1 T(TL	-ST-ZIP		☐ Change ☐ Addition
NAME		Dett.16	5.7 H/L 5.2 NAM			C. cumbo C. voquion
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition
NAME			6.2 NAM	BE .		
STREET ADDRESS			6.3 STR	ET ADDRESS		
CITY-ST-ZIP	ortify that the information name is a	uth this files does not a -10		-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further	and first that the information
ing, illereby C	ormy mai me imormation supplied w	viin iriis iiiing does not qu a lit	y ior trie exer	ipuon stated	u iii section ii 19.07(3)(1), Hiorida Statutes. I further	certify that the information

4. 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 enpowered to execute this febort 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.

CICNIATURE.

Saucaulily 4/28/98 305,599224