FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000026127 (7)**

1. Corporation Name

OPTIGON POST, INC.

Principal Place of Business	Mailing Address
550 BILTMORE WAY CORAL GABLES FL 33134	550 BILTMORE WAY CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **03/31/1995**

3a. Date of Last Report:

4. FEI Number: 65-0578733 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 550 Biltmore Way	26 SAME
Suite, Apt. #, etc. 22 MEZZANINE LEVEL	Suite, Apt. #, etc. 27 SAME
City & State 23 Coral Gables, FL [redacted]	City & State 28 SAME
Zip / Country 24 33134 / 25 USA	Zip / Country 29 SAME / 30 SAME

9. Name and Address of Current Registered Agent

SAKOLSKY, KERRY
550 BILTMORE WAY
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kerry Sakolsky Kerry Sakolsky, President 6/27/96
(Signature of new registered agent, if changed) (NOTE: Registered Agent signature is required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Kerry Sakolsky	
STREET ADDRESS	600 Almeria Ave.	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	Vice President	☐ DELETE
NAME	Tony Hiller	
STREET ADDRESS	2405 Michelangelo Street	
CITY-ST-ZIP	Coral Gables, FL. 33146	
TITLE	Secretary	☐ DELETE
NAME	Tom Davies	
STREET ADDRESS	2421 Lake Pancoast Drive, #1A	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attached sheet with an address.

SIGNATURE: Kerry Sakolsky Kerry Sakolsky, President 6/27/96 (305)445-6364
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E034 (12/95)