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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90216 013 ***150.00

DOCUMENT #	P95000026127
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1. Corporation Name

OPTIGON POST, INC.

Principal Place	e of Business	Mailing A	ddress			I CAMICAM CAN INCOME DECENTION OF THE CONTROL OF TH	Mille Racel Bálta J		}
550 BILTMORE	WAY	550 BILTM	IORE WAY						
MEZZANIWE LE		MEZZANIV	VE LEVEL			DO NOT WE	TE IN THE	CDACE	
CORAL GABLES	S FL 33134	CORAL G	ABLES FL 33134	ļ		DO NOT WR		SPACE	
						3. Date Incorporated or Qualifed	1		Ì
		1 a a a u				03/31/1995 4. FEI Number		1 100	nlind For
	lace of Business	 1	g Address					 - - 	plied For t Applicable
21		26 Suite	A=+ # oto			65-0578733		\$8.75 A	
Suite, Apt.	#, etc.	<u>⊢</u> ¬	Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	
City & State		27 City 8	State			6. Election Campaign Financing		\$5.00	May Po
	e	28	Claic			Trust Fund Contribution		Added to	
Zip	Country	Zip		Countr		8. This corporation owes the cur	rent vear Inta		
├ ── `	25	29		30	,	Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	Yes	12No
24	9. Name and Address of Curi		Agent	1301		10. Name and Address of New	Registered /		
	5. Hallo dito 1144,000 51 02-			81	Name				
SAK	OLSKY, KERRY			-	<u> </u>	U. C.O. D. H. L. in Novi Assess	-LIAV		
	BILTMORE WAY			82	Street Ad	ddress (P.O. Box Number is Not Accep	able)		
COR	RAL GABLES FL 33134			83	 				
				_				-r r =: -	
		Sa =		84	City_		FL	85 Zip C	Code -
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.150	8, Florida Statu	tes, the abov	ve-named co	orporation submits this statement for the	purpose of	changing its	registered
i office or re	egistered agent, or both, in the Sta	ate of Florida. Suc	th change was a	authorized by	tne corpora	ation's board of directors. I hereby acce	pt trie appoir	ការក្រាម ខេង ខេង -	gisiered
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agent. I a	m familiar with, and accept the obl	Scholo	17			uired when reinstating)	DATE		
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6.4 CITY-ST-ZIP 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 suppliemental 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 of 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:

CR2E034 (11/98)