

**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 # P95000027541  
1. Corporation Name

Optima International of Miami, Inc.

Principal Place of Business  
Brooklyn, NY

Mailing Address  
383 Kingston Avenue  
Suite 2004  
Brooklyn, NY 11213

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30			

3	Date Incorporated or Qualified	3a	Date of Last Report
	04/03/95		NA
4	FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
Stewart Mirmell,  
930 Washington Ave.  
3rd Floor  
Miami Beach FL 33139

10. Name and Address of New Registered Agent  
81 Name: Moshe Laber  
82 Street Address (P.O. Box Number Not Acceptable): 4200 Sheridan Street  
83 Apt. #308  
84 City: Hollywood FL 85 Zip Code: 33021

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: 3/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres/Secy - Director	1	TITLE
NAME	Stewart M. Mirmell	12	NAME
STREET ADDRESS	930 Washington Ave. 3rd Floor	13	STREET ADDRESS
CITY-ST-ZIP	Miami Beach FL 33139	14	CITY-ST-ZIP
TITLE	Director/Secy	2	TITLE
NAME	Moshe Laber	22	NAME
STREET ADDRESS	4200 Sheridan Street, Apt. #308	23	STREET ADDRESS
CITY-ST-ZIP	Hollywood FL 33021	24	CITY-ST-ZIP
TITLE	President	3	TITLE
NAME	Mordechai Y. Korf	32	NAME
STREET ADDRESS	1051 Alton Road	33	STREET ADDRESS
CITY-ST-ZIP	Miami Beach FL 33139	34	CITY-ST-ZIP
TITLE	Vice President	4	TITLE
NAME	Uri Laber	42	NAME
STREET ADDRESS	383 Kingston Ave, Suite 2004	43	STREET ADDRESS
CITY-ST-ZIP	Brooklyn, NY 11213	44	CITY-ST-ZIP
TITLE	Officer	5	TITLE
NAME	Chaim Marcus	52	NAME
STREET ADDRESS	383 Kingston Ave. Suite 2004	53	STREET ADDRESS
CITY-ST-ZIP	Brooklyn NY 11213	54	CITY-ST-ZIP
TITLE		6	TITLE
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY-ST-ZIP		64	CITY-ST-ZIP

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\*\*\*208.75

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)(k), 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.

SIGNATURE: [Signature] Moshe Laber - Director 3/18/96 718-771-8757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)