

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90120 028 ***150.00

02/04/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000027541

1. Corporation Name
OPTIMA INTERNATIONAL OF MIAMI, INC.

Principal Place of Business 1521 ALTON RD #133 MIAMI BEACH FL 33139	Mailing Address 1521 ALTON RD #133 MIAMI BEACH FL 33139
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1995	4. FEI Number 65-0658618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

KORF, MENACHEM M
 1125 W AVE #302
 MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

81 Name KORF MENACHEM M.
82 Street Address (P.O. Box Number is Not Acceptable) 1410 LENOX AVE
83
84 City MIAMI BEACH
85 Zip Code FL 33139

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABER, URI	1.2 NAME	
STREET ADDRESS	1521 ALTON RD #133	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORF, MORDECHAI Y	2.2 NAME	
STREET ADDRESS	1257 ALTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-15-99** Daytime Phone #: **305-604-9003**

CR2E034 (1/198)