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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000031440 (7)

1. Corporation Name

OPTIMA GRAPHICS CORPORATION

Principal Place of Business

8530 SW 149TH AVE
#806
MIAMI FL 33193
US

Mailing Address

8530 SW 149TH AVE
#806
MIAMI FL 33193-1447
US

3. Date Incorporated or Qualified
04/21/1995

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 8051 N.W. 36 ST.

Suite, Apt. #, etc.

22 605

City & State

23 MIAMI, FLA

Zip

24 33166

Country

25

2a. Mailing Address

26 8051 N.W. 36 ST

Suite, Apt. #, etc.

27 605

City & State

28 MIAMI, FLA

Zip

29 33166

Country

30

4. FEI Number

65-0584609

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

9. Name and Address of Current Registered Agent

LEVI, RAIMUNDO LOBEZ
LOPEZ LEVI & ASSOCIATES, PA
815 NW 57TH AVE, #304
MIAMI FL 33126

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

Signature of board or principal officer of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/25/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HURTADO, JOSE S
STREET ADDRESS CALLE 11 NO. 22-51 AA 34905
CITY-ST-ZIP SANTAFE DE BOGOTA DC COLOMBI

TITLE D ☐ DELETE
NAME ZAPATA, IVAN D
STREET ADDRESS CALLE 11 NO. 22-51 AA 34905
CITY-ST-ZIP SANTAFE DE BOGOTA DC COLOMBI

TITLE D ☐ DELETE
NAME SAENZ, IVAN J
STREET ADDRESS CALLE 11 NO. 22-51 AA 34905
CITY-ST-ZIP SANTAFE DE BOGOTA DC COLOMBI

TITLE P ☐ DELETE
NAME BUITRAGO, JUAN
STREET ADDRESS 8530 S.W. 149TH AVENUE, APT. 906
CITY-ST-ZIP MIAMI FL 33193

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/97 - (305)640-8999

Date

Daytime Phone #

CR2E034 (9/96)