


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90006 002 ***150.00
07-28-1999 90019 003 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P95000087195**

1. Corporation Name

OPTIMA PRODUCTIONS, INC.

Principal Place of Business

**2890 PALM AVENUE
HIALEAH FL 33010**

Mailing Address

**2890 PALM AVENUE
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1995

4. FEI Number

65-0623995

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLEGAS, DEVORA
6830 S.W. 1ST STREET
MIAMI FL 33144**

81 Name

ROJAS, CARLOS A.

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

2890 Palm Avenue

83

84 City

Hialeah

FL

85 Zip Code
33010

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, typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/15/1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE

NAME **ROJAS, CARLOS A**
STREET ADDRESS **9601 S.W. 142 AVENUE #203**
CITY-ST-ZIP **MIAMI FL 33186**

1.1 TITLE ☐ Change ☐ Addition

TITLE **SD** ☒ DELETE

NAME **VILLEGAS, DEVORA**
STREET ADDRESS **6830 S.W. 1ST STREET**
CITY-ST-ZIP **MIAMI FL 33144**

2.1 TITLE ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **MORALES, LIGIA MARIA**
STREET ADDRESS **2890 Palm Avenue**
CITY-ST-ZIP **Hialeah, Fl. 33010**

3.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos A. Rojas-Pres.-Tel.305-885-0616

Date

Daytime Phone #

CR2E034 (5/99)