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).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

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

OPTIMA	PRODUCTIONS, INC.				011 - 20072 - 3
Principal Place	e of Business	Mailing Address			II DRIIT NATAL INTIL INNOL TININ ININI AISI LADI
2890 PALM AVENUE 2890 PALM AVENUE HIALEAH FL 33010 HIALEAH FL 33010			DO NOT WRI	TE IN THIS SPACE	
				3. Date Incorporated or Qualified	12 11 11 11 11 11 11 11 11 11 11 11 11 1
				11/14/1995	
2 Principal Pi	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	lace of Beautoss	26		65-0623995	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year
24	25	29	30	Intangible Personal Property. 10. Name and Address of New F	Yes X No
	9. Name and Address of Curre	nt Registered Agent	81 Name	To. Name and Address of New P	registered Agent
VILLE	EGAS, DEVORA		ļ	ROJAS, CARLOS	A
	S.W. 1ST STREET		82 Street Add	dress (P.O. Box Number is Not Accepta 2890 Palm Aven	able)
	/II FL 33144		83	2090 14111 111011	
			84 City	Hialeah	FL 85 33010
			1 1	miaican	
11 Durement	to the provisions of sections 607 050	02 and 607 1508 Florida Statu	ites, the above-named corp	oration submits this statement for the pr	urpose of changing its registered
office or a	registered agent, or both, in the State	e of Florida. Such change was	s authorized by the corpora	oration submits this statement for the prition's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
office or agent.	t to the provisions of sections 607.050 egistered agent, or both, in the State am familiar with and accept the oblig	e of Florida. Such change was	s authorized by the corpora	tion's board of directors. I hereby accep	of the appointment as registered
office or a	registered agent, or both, in the State	e of Florida. Such change was pations of, section 607.0505, F	s authorized by the corpora	tion's board of directors. I hereby accep	07/15/1999
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office or agent. To signature. SIGNATURE. 12. TITLE NAME	Signature, types or printed name of registered age OFFICERS AT PTD ROJAS, CARLOS A	e of Florida, Such change was gations of, section 607.0505, Flant and title if applicable (ND DIRECTORS DELETE	a authorized by the corporal Florida Statutes. NOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	tion's board of directors. I hereby acceptions board of directors.	07/15/1999 DATE FICERS AND DIRECTORS IN 12
office or agent. SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, types or printed name of registered age OFFICERS AI PTD ROJAS, CARLOS A 9601 S.W. 142 AVENUE #203	e of Florida, Such change was gations of, section 607.0505, F ant and title if applicable. (ND DIRECTORS	a authorized by the corporal Florida Statutes. NOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	tion's board of directors. I hereby acceptions board of directors.	07/15/1999
office or agent. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, types or printed name of registered age OFFICERS AND PTD ROJAS, CARLOS A 9601 S.W. 142 AVENUE #203 MIAMI FL 33186 SD VILLEGAS, DEVORA	e of Florida, Such change was gations of, section 607.0505, Flant and title if applicable (ND DIRECTORS DELETE	a authorized by the corporal Florida Statutes. NOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	tion's board of directors. I hereby acceptions board of directors.	O7/15/1999 DATE FICERS AND DIRECTORS IN 12 Change Addition
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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 of 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 eceiver 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

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