

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

FILED

Sep 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997-1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092947 (7)

1. Corporation Name  
O. P. TECHNOLOGIES, INC.

Principal Place of Business  
3693 NW 15TH ST  
LAUDERHILL FL 33311  
US

Mailing Address  
3693 NW 15TH ST  
LAUDERHILL FL 33311-4134  
US



2. Principal Place of Business 21 3309 NE 40 Street Suite, Apt. #, etc. 22 City & State 23 Ft Lauderdale FL Zip 24 33309 Country 25 USA		2a. Mailing Address 26 3309 NE 40 Street Suite, Apt. #, etc. 27 City & State 28 Ft Lauderdale FL Zip 29 33309 Country 30 USA		3. Date Incorporated or Qualified 12/06/1995	3a. Date of Last Report -07/16/1998 11/2/97
				4. FEI Number 65-0670324	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTHERLAND, PETER  
• 3693 NW 15TH ST  
• LAUDERHILL FL 33311

81 Name Peter Sutherland	85 Zip Code 33308
82 Street Address (P.O. Box Number is Not Acceptable) 3309 NE 40 Street	
83	
84 City Fort Lauderdale FL	

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 

9/10/98

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 NAME STREET ADDRESS CITY - ST - ZIP	PDS SUTHERLAND, PETER 3000 NE 190TH ST #102 AVENTURA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President PETER Sutherland 3309 NE 40 Street Fort Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

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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.