

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED
9/10/97

97 OCT 17 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075096 (3)

1. Corporation Name
MAYBE BABY BY OPTIX, INC.

Principal Place of Business 100 NORTH BISCAYNE BLVD., 30TH FLOOR NEW WORLD TOWER MIAMI FL 33132	Mailing Address 100 NORTH BISCAYNE BLVD., 30TH FLOOR NEW WORLD TOWER MIAMI FL 33132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number Please see attached copy of application		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent HEYDASCH, AXEL 100 NORTH BISCAYNE BLVD., 30TH FLOOR NEW WORLD TOWER MIAMI FL 33132				10. Name and Address of New Registered Agent	

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

Sept 16 97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELJANIN, DRAGAN	12 NAME	
STREET ADDRESS	KONRAD ADENAUER RING 35	13 STREET ADDRESS	400002327424--0
CITY-ST-ZIP	65428 RUSSELSHEIM, GERMANY	14 CITY-ST-ZIP	-10/22/97--01108--013
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKROBIC, ZDENKA	22 NAME	
STREET ADDRESS	KONRAD ADENAUER RING 35	23 STREET ADDRESS	****550.00 ****550.00
CITY-ST-ZIP	65428 RUSSELSHEIM, GERMANY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 to this filing.

SIGNATURE:

Dragan Deljanin

Sept 16 97 (305) 558-8110

CR2E034 (4/97)

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

EIN

OMB No. 1545-0003
Expires 7-31-91

Pg. 2 of 2

1 Name of applicant (True legal name) (See instructions.)

DRAGAN DELJANIN

2 Trade name of business, if different from name in line 1

MAYBE BABY BY OPTIX, INC.

3 Executor, trustee, "care of name"

4a Mailing address (street address) (room, apt., or suite no.)

100 NORTH BISCAYNE BOULEVARD #3000

5a Address of business. (See instructions.)

4b City, state, and ZIP code

MIAMI, FLORIDA 33132

5b City, state, and ZIP code

6 County and state where principal business is located

DADE, FLORIDA

7 Name of principal officer, grantor, or general partner. (See instructions.) ▶ **PLEASE SEE ATTACHED PASSPORT**

DRAGAN DELJANIN (PRESIDENT)

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Individual SSN _____
☐ REMIC ☐ Personal service corp.
☐ State/local government ☐ National guard
☐ Other nonprofit organization (specify) _____ If nonprofit organization enter GEN (if applicable).

- ☐ Estate ☐ Trust
☐ Plan administrator SSN _____ ☐ Partnership
☐ Other corporation (specify) _____ ☐ Farmers' cooperative
☐ Federal government/military ☐ Church or church controlled organization

☒ Other (specify) ▶ **BUSINESS CORPORATION**

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶

Foreign country

State

FLORIDA

9 Reason for applying (Check only one box)

- ☒ Started new business
☐ Hired employees
☐ Created a pension plan (specify type) ▶ _____
☐ Banking purpose (specify) ▶ _____

- ☐ Changed type of organization (specify) ▶ _____
☐ Purchased going business
☐ Created a trust (specify) ▶ _____
☐ Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.)

SEPTEMBER 9, 1996

11 Enter closing month of accounting year. (See instructions.)

DECEMBER 31ST

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).

N/A

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural

Agricultural

Household

0

0

0

14 Does the applicant operate more than one place of business?

If "Yes," enter name of business. ▶

☐ Yes

☒ No

15 Principal activity or service (See instructions.) ▶

16 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes

☒ No

17 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail) ☐ Other (specify) ▶

☒ Business (wholesale)

☐ N/A

18a Has the applicant ever applied for an identification number for this or any other business?

Note: If "Yes," please complete lines 18b and 18c.

☐ Yes

☒ No

18b If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶

N/A

Trade name ▶

N/A

18c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

N/A

N/A

N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Telephone number (include area code)

Name and title (Please type or print clearly.) ▶

DRAGAN DELJANIN

(305) 358-8400

Signature ▶

Dragan Deljanin

Date ▶ **OCTOBER 14, 1997**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying