FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90160 024 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089802

1. Corpora ion Name

OPM INTERNATIONAL LIMITED, INC.

Principal Place of Business		Mailing Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
690 SW 18TH STREET		690 SW 18TH STREET					
BOCA RATON FL 33486		BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE	
						3. Date Ir corporated or Qualifed	٦
						10/31/1996	
2 Princina Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	1
21	ace of Edomoss	26				NOT APPLICABLE Not Applicable	1
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional	1
22		27				5. Certifc ate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	7
23		28				Trust Fund Contribution Added to Fees	
Zip Cour try		Zip Cou		ountry		8. This corporation owes the current year intangible	
24	25 29 30		30			Persor al Property Tax. Yes No	╛
	9. Name and Address of Curren	t Registered Agent		L,		10. Name and Address of New Registers d Agent	4
				81	Name		
	ASUOLO, RON G			82	Street Add	(Idress (P.O. Bo) Number is Not Acceptable)	1
•	SW 18TH STREET						_
BOCA RATON FL 33486				83			
				84	City	85 Zip Code	1
			_		•	FL III	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was :	iutnorizec	י עם נ	ие согроги	orporation submits this statement for the purpose of changing its legistered attion's board of directors. I hereby accept the appointment as registered	
SIGNATUF:E						nured when reinstatung) DATE	1
	Signature, typed or printed name of registered ager	and title if applicable. (NOTI	Registered	Agent	signature req III	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	+
12.	D OFFICERS AN	DELETE	1,1 Ti	ΠF		Change Addition	ī
TITLE	CERASUOLO, RON G		1				ļ
NAME	CAR ALL ARTH ATTERNA		1.2 NAME 1.3 STREET ADDRESS		ADDDESS		
7001 DATON FL 00400							
CITY-ST-ZIP TITLE	BUCA PATON PL 33432	☐ DELETE	14 CiTY-S		-219	☐ Change ☐ Addition	7
ļ			2.2 NAME				
NAME			1		ADDRESS		
STREET ADDRI SS				ITY-S			
CITY-ST-ZIP		DELETE	31TI		1-21	Change Addition	1
TITLE			3.2 N/		-		
NAME					ADDRESS		
STREET ADDRESS				ITY-S			-
CITY-ST-ZIP		☐ DELETE	4.1 TI		1-217	Change Addition	
TITLE			4 2 N			_ : _	
NAME					ADDRESS		
STREET ADORESS							
CITY-ST-ZIP		☐ DELETE	5.1 TI	TY-ST	ZIP	Change Addition	<u>, </u>
TITLE			5.1 N			•	
NAME •					ADDRESS		
STREET ADDRESS			3.3 3	MECT	ADDITES.		

CITY-\$T-ZIP 14. There by 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 pertify that the information indical ed on this annual report or supplemental annual report is true and accurate and that my signa ure 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 apps ars in Block 12 or Block 13 if change I, or on an attachment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDR ISS

TITLE

NAME

SIGNA URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

4.22.99

561.416.3003

Change

☐ Addition