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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # **P97000031333**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90048 004 ***150.00

OFTAL I	nternational inc.						
Principal Plac	e of Business	Mailing Address			-{	BIII 30 111 31110 1118) 11 00 1111	i i i i i i i i i i i i i i i i i i i
,		520 BRICKELL KEY DRIVE. S	TE 0.30s		<u>, </u>		
520 BRICKELL KEY DRIVE. STE. 0-305 520 BRICKELL KEY DRIVE. S' Miami Fl 33131 Miami Fl 33131			51G. U-3QQ				
						ITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
		1.00			04/07/1997		
¬ '	lace of Business	2a. Mailing Address			4. FEI Number	├-	pplied For
21 Suito Ant	# ata	Suite, Apt. #, etc.			65-0750838		lot Applicable Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	1 1	Required
City & Stat	te .	City & State			6. Election Campaign Financing		May Be
13		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur		
24	25	29 3	10		Personal Property Tax.	☐Yes	□No
•••	9. Name and Address of Current				10. Name and Address of New	Registered Agent	
			81	Name (erman Gonzas	- <u>-</u>	
NOJAO, MANOO E					ess (P.Q. Box Number is Not Accept	able) /	
520 BRICKELL KEY DRIVE, STE. 0-305				2,4,4	1 N.W. 2566	Street	1
MIAI	MI FL 33131		83				
			94	City		85 <u>Z</u> ip	Code
			84	Mile	∽ i	FL 🎇 🥞	3 14 >
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	named corn	oration submits this statement for the	purpose of changing it	s registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was aut ans of, Section 607.0505, Florid	norized by ti da Statutes.	ne corporatio	on's board of directors. I hereby acce	pt the appointment as r	egistered
SIGNATURE	1 miles					3.01.59 DATE	
JIGINAT UNE	Signature, typod or printed power or registered agent.	and title if applicable. (NOTE: R	tegistered Agent	signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		
TITLE	D	☐ DELETÉ		Ĺ		Change	Addition
NAME	GONGORA, GERMAN				Elmen Gondore	1	3
STREET ADDRESS			1.3 STREET ADDRESS 3		731 NOW. 25th	Strest	}
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-	ZIP \	diemi, Ms 3	314 Y	}
TITLE	D	☐ DELETE	2.1 TITLE	1	•	Change	Addition C
NAME	SAKR DE GONGORA, BETTY		2.2 NAME		2001	G. A. I	{
STREET ADDRESS	,	0-305	2.3 STREET	ADDRESS 3	3731 N.W. 2576	Hilet	ļ
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-ST	-ZIP N	liami, Fla 33	142	
TITLE	AS	DELETE	3.1 TITLE		Ť	Change	☐ Addition
NAME	ROJAS, MARCO E	· · · · · ·	3.2 NAME			حاصيدة المراجات	٠ بيويني
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUIT	E 0-305	3.3 STREET /	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		3.4. CITY-ST	-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4, 2 NAME	ł		•	۱ ,
STREET ADDRESS			4.3 STREET			•	
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-	ZIP			Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	ACODOTEC		•	J
STREET ADDRESS			5.3 STREET #		•		ĺ
CITY-ST-ZIP		□ nei ete	5.4 CITY-ST- 6.1 TITLE	-217		Понала	[] Advition
TITLE		☐ O€LETE	6.2 NAME			☐ Change	Addition
NAME				ADDDCCC	•		{
STREET ADORESS	[6.3 STREET A				İ
CITY-ST-ZIP			6.4 CITY-ST-	- 시간			1

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 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, with all other like empowered.

SIGNATURE: X

03.01.55