

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 31 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970000 31333

1. Entity Name

OFTAL INTERNATIONAL



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19380 COLLINS AVE

Suite, Apt. #, etc.

625 B

City & State

SUNNY ISLES BEACH, FL

3. Mailing Address

19380 COLLINS AVE

Suite, Apt. #, etc.

625 B

City & State

SUNNY ISLES BEACH, FL

**REINSTATEMENT**

02-87

4. FEI Number

65-0750838

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BETTY SAKR GONGORA

Street Address (P.O. Box Number is Not Acceptable)

19380 COLLINS AVENUE  
SUITE # 625 B

City

SUNNY ISLES BEACH

FL

Zip Code

33160

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Betty Sakr Gongora*

(NOTE: Registered Agent signature required when reinstating)

10/10/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: GERHAN GONGORA  
STREET ADDRESS: 19380 COLLINS AVE #625B  
CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160

TITLE: 800024604518  
NAME: 11/12/03--01014--023 \*\*300.00  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: D  
NAME: BETTY SAKR GONGORA  
STREET ADDRESS: 19380 COLLINS AVE #625B  
CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty Sakr Gongora*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-08-03.

Date

(305) 527-5876

Daytime Phone #

CR2E034B (12/02)