

FROM :

01/11/99 12:38 FAX 305 3796806

PHONE NO. : 2631815

ROZENCWAIG&GR/

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90008 044 ***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 # P97000060306			
1. Corporation Name OPTINET INVESTMENTS, INC.			
Principal Place of Business STE. 960, 1 SE 3RD AVE. MIAMI FL 33131		Mailing Address STE. 960, 1 SE 3RD AVE. MIAMI FL 33131	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 07/10/1997	
2a. Mailing Address		4. FEI Number APPLIED FOR	
2b. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
2c. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2d. Zip Country		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent ROZENCWAIG, LESLIE A STE. 960, 1 SE 3RD AVE. MIAMI FL 33131		9. Name and Address of New Registered Agent	
9a. Name		9b. Street Address (P.O. Box Number is Not Acceptable)	
9c. City		9d. Zip Code	
11. Pursuant to the provisions of Sections 607.0504 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 _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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