

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

blz

98 DEC 18 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **P97000062853 (1)**

1. Corporation Name  
**OPTIEXPRESSIONS, INC.**

Principal Place of Business  
**1675 WEST 49TH STREET  
HIALEAH FL 33012**

Mailing Address  
**1675 WEST 49TH STREET  
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/21/1997**

4. FEI Number

**65-0768690**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**PARRELLA, CARLOS A  
1675 WEST 49TH STREET  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85

Zip Code

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, 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 I understand the obligations of section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
NAME SANCHEZ, EDUARDO  
STREET ADDRESS 1675 WEST 49TH STREET  
CITY-ST-ZIP HIALEAH FL 33012**

TITLE ☐ DELETE

**D  
NAME PARRELLA, CARLOS A  
STREET ADDRESS 9707 SW 106TH TERRACE  
CITY-ST-ZIP MIAMI FL 33176**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**400002724094-0**  
**-12/28/98-01142-015**  
**\*\*\*\*150.00 \*\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 attached sheet, as applicable.

SIGNATURE: **SIGNATURE REQUIRED**

CR2E034 (5/98)

WZ

OPTIEXPRESSIONS, INC.  
1675 WEST 49TH STREET, SPACE 1408  
HIALEAH, FL 33012  
PHONE: (305) 817-1816

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom it May Concern:

Enclosed, please find annual report of year 1998 with check for \$ 150.  
I know I am filing this form late but I just got this report along with some other correspondence that I received late because my business is located in a shopping mall and if my store number is not in the mailing address I do not receive it on time or maybe never.

Please consider my case and accept my check for \$ 150 with no penalties for late payment.

Respectfully,

Carlos Parrella  
President