

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90036 001 \*\*\*158.75

**DOCUMENT #** P98000051970  
**1. Entry Name**  
 OPTEX CORPORATION

**Principal Place of Business**      **Mailing Address**  
 11337 W FLAGLER ST.      11337 W. FLAGLER ST  
 MIAMI, FL 33172      MIAMI, FL 33172

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt #, etc.      Suite, Apt # etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**  
 65-0843603      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

OMAR HURTADO  
 360 NW 114 AVENUE - Unit 102  
 MIAMI, FL 33172

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

**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.**

**SIGNATURE** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$250.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MANUEL F. PEREZ	
STREET ADDRESS	33 NE 87th STREET	
CITY-ST-ZIP	MIAMI, FL 33138-3040	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	OMAR HURTADO	
STREET ADDRESS	360 NW 114 AVENUE - Unit 102	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Manuel Perez*      **April 4, 2000**      **(305) 228-0215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)