

DOCUMENT # P98000051970
 1. Entry Name
OPTEX CORPORATION

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

FILED
~~May 13, 2000 8:00 a~~
~~Secretary of State~~
 05-13-2000 90036 001 ***158.75

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90445 048 ***150.00

2. Principal Place of Business
 Suite, Apt #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt # etc.
 City & State
 Zip Country

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

DO NOT WRITE IN THIS SPACE

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

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: **Labis Baltas**
 Street Address (P.O. Box Number is Not Acceptable):
701 NE 125 ST
 City: **N. Miami** FL Zip Code: **33161**

671753

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Manuel Perez*
 (Print Name, Typed or Printed Name of Registered Agent and Title of Applicant) (NOTE: Registered Agent signature required when renewing) DATE:

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE: Pt.	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MANUEL F. PEREZ		NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 33 NE 87th STREET		STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: MIAMI, FL 33138-3040		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SEC	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: OMAR HURTADO		NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 360 NW 114 AVENUE - Unit 102		STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: MIAMI, FL 33172		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Delete		NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP: <input type="checkbox"/> Delete		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP: <input type="checkbox"/> Delete		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 the 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 of the information empowered.

SIGNATURE: *Manuel Perez* April 4, 2000 (305) 228-0215
 (Signature and Typed or Printed Name of Registered Officer or Director) Date (Corporate Phone #)

Manuel Perez 4/26/02

CR216034 (9/99)