International Street Address SANZ, JORGE INAME Street Address SSO5 MILLS DRIVE, D-53 13 STREET Address ITTLE IDELETE ITTLE IDELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADRESS	CCR ANNU	PROFIT PORATION JAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secreta y of State DIVISION OF CORPORATIONS			FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90007 031 ***150.00		
Principal Pilce of Business Malling Address Soluti, SPNC - DS3 BKS MUS, DRVE, DS3 MAM FL 33183 DO NOT WRITE IN 11HS SPACE 2. Principal Pilce of Business 2.a. Malling Address 2. Principal Pilce of Busines 2.a. Malling Address 2. Principal Pilce of Business 2.a. Malling Address 2. Do Country 2.a. Country 2. Do Country 2.a. Country 2. Do Country 2.a. Stress Address of North Registrater Adgress 3. Stress Address of Country 2.a. Stress Address of North Registrater Adgress 4. Durits of the provalond of Sections 607 15000 Finitia Statutonston the mo	1. Corporation	n Name		780					
MAM F, 23183 MAM F, 23183 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied F 2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied F 2. Principal Place of Business 2. Mailing Address 4. FEI Number No. Respin Sube, Apt F, etc. Sube, Apt F, etc. S. Centlor: and Subus Desined Fee Request 2. Principal Place of Business City & Sube City & Sube State, Apt F, etc. S. Centlor: and Subus Desined State, Apt F, etc. 2. Do Number of Subus Desine City & Sube Count Y 2. State, Apt F, etc. Stat	•			-				13 001 10 011016 11016 1 300 1 1	
3. Date in concentrate of Qualified Orthologial Place of Business 2a Mailing Address 4. FEI Number Apprint of Place of Business 21 27 State, Apt. #, etc. 5. Contrict te of Status Dosined Stat. 75. A dition 22 27 27 Country 5. Contrict te of Status Dosined Face Required 23 28 City & State 28 Face Required Election Campeign Financing Address Face Required 23 29 Country 71p Country 8. This coporation over the current types in frameling Address Face Required 24 233 29 29 Country 8. This coporation over the current types in frameling That F of Country Tax. Uver status Country Name and Address of Current Registered Agent 10. Name in Address of New Registered Agent ANDREAU VILA, ROSA 85 Steek Address (P.O. Box Number is Not Acceptable) 33 MAM FL 33183 33 Steek Address (P.O. Box Number is Not Acceptable) 34 12 OFFICERS AND DIRECTORS 100 Batter of Address of Current Registered Agent 111111 12 OFFICERS AND DIRECTORS 100 111111 100 100 12 OFFICERS AND DIRECTORS 100 111111 100 100 13 BAL <th colspan="3"></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
2 Principal Place of Business 2. Mailing Address 4. FEI Nu Inder Maxe and Address A. FEI Nu Inder Maxe and Address Maxe and Address Maxe and Address State. A fet. A fet. State. A fet. A fet. State. A fet. A fet. A fet. State. A								THIS SPACE	
The interval int							07/14/1998		
Dotter, Aj L. #, etc. Dotter, Aj L. #, etc. S. Conflict.et of Status Desired \$8.75 A union Fore Required 21 City & State City & State City & State S. Conflict.et of Status Desired Fore Required Status Desired State State 31 City & State City & State S. Conflict.et of Status Desired Added b Fees 32 Country 8. This conportation cover the current year inangible Personal Property Tax. Inscription Added b Fees 34 23 23 30 Press Registered A gent Inscription 4 23 30 Press Registered A gent Inscription Inscription 4 Inscription 8. Name and Address of New Registered A gent Inscription Inscription Inscription 4 DRIVE DSS Manne Ind Address of New Registered A gent Inscription Inscripi Inscription Inscri	2. Principal Pl	ace of Business		ailing Address			4. FEI Number		
21 27 S. Centectic of Stabas Defend Fee Required City & State City & State S. Election Campoing Financing \$5.00 http://s. Zip Country Zip Country S. Election Campoing Financing \$5.00 http://s. Zip Country Zip Country Inst Find Contrabution Added to Fee 9. Name and Address of Current Registered Agent Inst Find Contrabution Inst Find Contrabution Name ANOREAU VILA, ROSA Sis Multas DRIVE, D-53 Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution MILLS DRIVE, D-53 MiLAM FL 33183 Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution 11. Pursue it to the provisions of Sections 607 0502 and 607.1508, Findia Statutes statutes Inst Contrabution Find Statutes Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution 12. Outcle trepreter find in expense Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution 13. Outcle trepreter find in expense Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution Inst Find Contrabution <td></td> <td># etc.</td> <td></td> <td>uite. Apt. #. etc.</td> <td></td> <td></td> <td></td> <td>\$8 75 A</td> <td></td>		# etc.		uite. Apt. #. etc.				\$8 75 A	
City & State City & State Image: Country 6. Elector Campage: Financing Addeet of St.00 Nay: B Zip Country Image: Country Image: Country 8. The comparison overs the current year intengible a Jain Jain Jain Jain Low oversities of New Registered Agent a Jain Jain Jain Jain Jain Jain a Jain Jain Jain Jain Jain Jain a Jain Jain Jain Jain Jain Jain Jain a Jain		, 0.0.					5. Certificate of Status Desired		
John Country Kall Zip Country 8. This corporation overs the current year intrangible Personal Property Tax. Image: I	City & State	3	-	ty & State	-				
al 23 29 30 Person 4 Property Tax [Ves] [No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent ANDREAU VILA, ROSA BSD5 MILLS ORIVE, D-D3 MIAMI FL 33183 81 Name 82 4 Chy FL 85 70 Chy 4 Chy FL 85 70 Chy 4 Description Street Address of New Registered Agent 84 Name and Address of New Registered Agent 4 The provisions of Sections 607.0502 and 607.1508, Florida Stutues, the above named corporation submits this statement for the purpose of hange of the membring is statement for the purpose of hange of the forestate hange is the statement for the purpose of hange of the forestate hange is the statement for the purpose of hange of the forestate hange is the statement for the purpose of hange of the forestate hange is the purpose of hange of the forestate hange is the statement for the purpose of hange of hange of the forestate hange is the statement for the purpose of hange of		Coun			Country				
ANDREAU VILA, ROSA B305 MILLS DRIVE, D-53 MAMI FL 33183 81 Name 11. Pursue 11 to the provisions of Sections 607 0502 and 607 1508. Florida Statues, the above named corporation submits this statement for the purpose of changing tip rights office or registered agent, or boh, in the State of Florida. Such change was involved by the corporation submits this statement for the purpose of changing to rights agent, and familiar with, and accept the obligations of Section 607 0505. Florida Statutes. The above named corporation submits this statement for the purpose of changing to rights agent, and familiar with, and accept the obligations of Section 607 0505. Florida Statutes. SIGNATURE Signature, hyperior purport a accept the obligations of Section 607 0505. Florida Statutes. Not Response for accept agent, or boh, in the Statement for the purpose of changing to rights agent, and familiar with, and accept the obligations of Section 607 0505. Florida Statutes. Not Response for accept agent, and accept the obligations of Section 607 0505. Florida Statutes. SIGNATURE Signature, hyperior purpor a accept the obligation of the regulation agent for the regulation and the regulation and the regulation agent for the regulation agent for the purport accept agent for the regulation agent for the regula	_ ·		29		30		Personal Property Tax.	Ves	[]No
ANDREAU VILA, ROSA S055 MILLS DRIVE, D-53 MIAMI FL 33183		9. Name and Addr	ess of Current Register	ed Agent	81 1		10. Name and Address of New Regis	stered Agent	
office or registered agent, or both, in the State of Plonda. Such change was (utilinozed by the Corport tion's board of cirectors. Thereby accept the application and accept the obligation of (section 607.0502; finda Statutes.) SIGNATURE Signature, typed or promet in and registered agent and take if applicates. (NOT:: Frequenced Agent agendation requires in and registered agendation requires in and intermediation). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIX (NS/CHANGES TO OFFICERS, ND) DIRECTOFS IN a state of agendation. DATE 13. SANZ, JORGE 11.0000 The Section 607.0502 (section 607.0502). DATE 14. Dotte: 11.0000 SANZ, JORGE SANZ, JORGE 8505 MILLS DRIVE, D-53 11.0000 13. ADDITIX (NS/CHANGES TO OFFICERS, ND) DIRECTOFS IN ACCEPT (section 11.0000). 0.011.75.72P MIAMI FL 33183 11.0000 11.00000000. Change ////////////////////////////////////					84 (•	metion submits this statement for the sur	FL	
Optimizers OPFICERS AND DIRECTORS 13. ADDITK INS/CHANGES TO OFFICERSND DIRECTOPS IN TITLE D OPFICERS AND DIRECTORS 13. ADDITK INS/CHANGES TO OFFICERSND DIRECTOPS IN NAME SANZ, JORGE ITTLE ITTLE ITTLE ITTLE ITTLE NAME S505 MILLS DRIVE, D-53 ISSTRETADORESS GC 05 ///	office or n agent. a SIGNATURE	egistered agent, or boll m familiar with, and acc	n, in the State of Florida. Sept the obligations of, Se	Such change was au action 607.0505, Flor	ithorized by the ida Statutes.	e corporatio	n's board of cirectors. I hereby accept the	a appointment as reg	istered
NAME SANZ, JORGE 12 NAME To i ge SANZ STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZP MIAMI FL 33183 14 CITY-ST-ZP 12 NAME 12 NAME NAME DELETE 21 TITLE 12 NAME 12 NAME NAME 23 STREET ADDRESS 23 STREET ADDRESS 12 NAME STREET ADDRESS 23 STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZP 12 NAME 12 NAME 12 NAME STREET ADDRESS 23 STREET ADDRESS 13 STREET ADDRESS 12 NAME STREET ADDRESS 23 STREET ADDRESS 13 STREET ADDRESS 12 NAME STREET ADDRESS 33 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZP 0 DELETE 31 STREET ADDRESS 13 STREET ADDRESS STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZP CITY-ST-ZP 0 DELETE 51 STREET ADDRESS 11 STREET ADDRESS 11 STREET ADDRESS CITY-ST-ZP 0 DELETE 51 STREET ADDRESS 15 STREET ADDRESS 15 STREET ADDRESS STREET ADDRESS 10 DELETE 51							ADDITIONS/CHANGES TO OFFICE		
STREET ADDRESS COS MILLS DITVE, D-SI CTY-ST-ZIP MIAMI FL 33183 ITTLE DELETE NAME 23 STREET ADDRESS CTY-ST-ZIP 24 CITV-ST-ZIP ITTLE 23 STREET ADDRESS CTY-ST-ZIP 24 CITV-ST-ZIP ITTLE 31 TITLE ITTLE 24 CITV-ST-ZIP ITTLE 32 STREET ADDRESS CITY-ST-ZIP 33 STREET ADDRESS CITY-ST-ZIP 33 STREET ADDRESS CITY-ST-ZIP 34 CITV-ST-ZIP ITTLE 33 STREET ADDRESS CITY-ST-ZIP 34 CITV-ST-ZIP ITTLE IDELETE AL OTY-ST-ZIP IDELETE ITTLE IDELETE AL OTY-ST-ZIP IDELETE AL OTY-ST-ZIP IDELETE AL OTY-ST-ZIP IDELETE AL OTY-ST-ZIP IDELETE STREET ADDRESS IDELETE		-					Fresident	Change	Addition
ChY-ST-ZP MAMI FL 33183 14 CHY-ST-ZP In Change // TITLE Intre Intre Intre Intre // STREET ADDRESS 2 STREET ADDRESS Intre Intre // TITLE Intre Intre Intre Intre // TITLE Intre Intre Intre Intre // TITLE Intre Intre Intre Intre // NAME Intre Intre Intre // // NAME Intre Intre Intre // // NAME Intre Intre Intre // // NAME Intre Intre Intre Intre // Intre Intre I			D-53			ORESS	Torge SANC		
TITLE DELETE 2.1 TITLE Change // NAME 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZP 2 4 CITY-ST-ZP						P	niemi FL.		
STREET ADDRESS 2.3 STREET ADDRESS CTY. ST-ZP 2 4 CTY. ST-ZP TTLE DELETE NAME 3.3 STREET ADDRESS CTY. ST-ZP 3.4 CTY. ST-ZP TTLE DELETE 3.3 STREET ADDRESS 3.3 STREET ADDRESS CTY. ST-ZP 3.4 CTY. ST-ZP TTLE DELETE 4.1 TTLE Change NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CTY. ST-ZP 4 4 CTY. ST-ZP TTLE DELETE 4.1 TTLE Change V. ST.ZP				DELETE	2.1 TITLE		······	🗌 Change	Addition
CITY-ST-ZP 2 4 CITY-ST-ZP ITTLE									
SITUE DELETE 3.1 TTLE Change // NAME 32 NAME 33 STREET ADDRESS									
STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP DELETE A. UTY-ST-ZIP Change A. UTY-ST-ZIP 4.1 TITLE CITY-ST-ZIP 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP CITY-ST-ZIP 0 DELETE STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 0 DELETE STREET ADDRESS 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 0 DELETE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 0 DELETE STREET ADDRESS 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 0 DELETE O DELETE 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 0 DELETE GITY-ST-ZIP 0 DELETE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 0 DELETE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 0 DELETE <td></td> <td></td> <td></td> <td>DELETE</td> <td></td> <td></td> <td><u> </u></td> <td>Change</td> <td>Addition</td>				DELETE			<u> </u>	Change	Addition
CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE ANME 4.1 TITLE STREET ADDRESS CITY-ST-ZIP 44. CITY-ST-ZIP CITY-ST-ZIP 44. CITY-ST-ZIP CITY-ST	NAME		~ _ ~	·	. 3.2 NAME				
Image: Change in the information supplied with this filling does not qualify for the exemption stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i									
NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP NAME 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP				DELETE		<u>IP</u>		Change	Addition
A4 CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change NAME 52 NAME STREET ADDRESS 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP A Horeby certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(i). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(ii). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(ii). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(ii). Elorida Statutes, 1 further certify that the information stated in Section 119 07 (3)(iiiii). Elorida Statutes, 1 further certify that the information stat									
ITTLE DELETE 5.1 TTLE Change ////////////////////////////////////	STREET ADDRESS				4.3 STREET AD	ORESS			
Inte Struct Struct Struct NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP CITY-ST-ZIP 64 CITY-ST-ZIP						P			Addition
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP								Shange	
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP					5.3 STREET AD	ORESS			
NAME 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP						P			
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP									Addition
64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP						DRESS			
44 Lboreby cartily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 (3)(i). Florida Statutes, I further certify that the information	CITY-ST-ZIP				64 CITY-ST-Z	P			
14. There y denty that the information 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 a officer or director of the corporation or the eceiver 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 changec, or or an attachment with an address, with all other like empowered.	14. I hereby o indicated officer or	on this annual report o director of the corporat	r supplemental annual re ion or th e-c eceiver or trus	port is true and accui tee empowered to ex	rate and that m recute this repr	iy signature ort as requi	e shall have trie same legal effect as it ma	de under oain: inat i	aman