
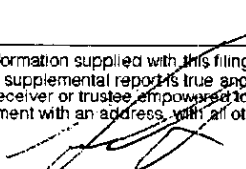


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90977 038 \*\*\*150.00

<b>DOCUMENT # P98000076662</b>					
1. Entity Name <b>OPC COSMOTEX INC.</b>					
Principal Place of Business <b>1201 W. CAMINO REAL BOCA RATON, FL 33486</b>		Mailing Address <b>PO BOX 9498 CORAL SPRINGS, FL 33075</b>			
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 <b>65-0863790</b>	
				Applied For: <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MELISOTIS, OLIVER 1201 W. CAMINO REAL BOCA RATON, FL 33486</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
	<input type="checkbox"/> Delete				
STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME				
	<input checked="" type="checkbox"/> Delete				
STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME				
	<input type="checkbox"/> Delete				
STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME				
	<input type="checkbox"/> Delete				
STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME				
	<input type="checkbox"/> Delete				
STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME				
	<input type="checkbox"/> Delete				
STREET ADDRESS	CITY-STATE-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME				
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME				
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME				
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	CITY-STATE-ZIP				
TITLE	NAME				
	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	CITY-STATE-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>OLIVER MELISOTIS</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4-4-03</b> Daytime Phone # <b>866-267-6683</b>					

CR2E034 (10/02)