SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V00410** **(3)**

1. Corporation Name

THE OPTIMUM HEALTH PLAN INC.

Principal Place of Business	Mailing Address
2050 W 56TH STREET BAY # 1-2-3 HIALEAH FL 33016 US	2050 W 56TH STREET BAY #1-2-3 HIALEAH FL 33016 US

3. Date Incorporated or Qualified: 12/13/1991
3a. Date of Last Report: 07/25/1995

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 2050 W 56 ST.
Suite, Apt. #, etc. 22 SUITE 6+7	Suite, Apt. #, etc. 27 SUITE 6+7
City & State 23 SAME	City & State 28 HIALEAH FL
Zip 24 SAME Country 25 SAME	Zip 29 33016 Country 30 DADE

4. FEI Number: 65-0304541 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TAULE, ALFRED
2050 W 56TH STREET
HIALEAH FL 33016

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, or both, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Alfred Taule 8-16-96
Signature of President or Director of Corporation, Registered Agent and Title, if applicable (NOTE: Registered Agent Signature Required When Filing) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	TAULE, THOMAS		12 NAME	
STREET ADDRESS	~~213 15 NW 2ND AVE~~ 2608 No. 46 AVE APT. E-345		13 STREET ADDRESS	
CITY-ST-ZIP	~~N. MIAMI FL~~ HOLLYWOOD FL. 33021		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	TAULE, ALFRED E.		22 NAME	
STREET ADDRESS	~~21315 NW 2ND AVE~~ 403 GLENBROOK DR.		23 STREET ADDRESS	
CITY-ST-ZIP	~~N. MIAMI FL~~ ATHATIS, FL. 33462		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address.

SIGNATURE: Alfred Taule, ALFRED TAULE, SECRETARY 8-16-96 305-655-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #