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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 653655

OM LIMITED, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90064 040 ***150.00



Principal Plac	ce of Business	Mailing Ad	dress				ID INITA BITADI DALDI DIN AVA	h kirki daki birhi	Biali Biali Idal
3070 GRAND AVENUE 3070 GRAND AVENUE						•			
MIAMI FL 33133 MIAMI FL 33133						DO NOT WRITE IN THIS SPACE			
								IS SPACE	
						3. Date Incorporated or Qualifed 01/28/1980			
2 Principal E	Place of Business	2a. Mailing	Address			4. FEI Number			pplied For
├ ┐ '	Tage of business	26	Address.			59-1964674		<u> </u>	ot Applicable
Suite, Apt.	# etc		Apt. #, etc.			39-1904074			Additional
22			. п, ою.			5. Certifcate of Status	Desired		equired
⊢ ′	City & State City & State		State			6. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country	<u> </u>				to rees
24	25	29	. 30	¬ ′		8. This corporation ov Personal Property	-	Triangibie ☐ Yes	12m
[24]	9. Name and Address of Currer		i			10. Name and Addres			
_	A STATE OF THE STA	1		81	Name			<u> </u>	
M & W AGENTS, INC.				_	82 Street Address (P.O. Box Number is Not Acceptable)				
C/0	RICHARD C MILSTEIN	,		82	Street Addr	ess (P.O. Box Number is I	Not Acceptable)		
801	BRICKELL AVE 24TH FL			83					4 5 6
	MI FL 33131								7.5
-				84	City		F	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	12 and 607 1508	Florida Statutes	the above	e-named com-	oration submits this staten	nent for the purpose of	of changing its	registered
office or r	registered agent, or both, in the State	of Florida, Such	change was auth	orized by	the corporation	on's board of directors. I he	ereby accept the app	ointment as re	egistered
agent. I a	im familiar with, and accept the obliga	itions of, Section	607.0505, Florida	a Statutes	i. •				
SIGNATURE		nt and title if applicable	(NOTE: Re	gistered Ager	nt signature required	d when reinstating)	DATE		
	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Re	gistered Ager	nt signature required	d when reinstating) ADDITIONS/CHANG	DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager		(NOTE: Re		nt signature required			AND DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered ager OFFICERS AN			13.	nt signature required				
12.	Signature, typed or printed name of registered ager OFFICERS AN P BREHM, WAYNE			13. 1.1 TITLE 1.2 NAME	nt signature required				
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age: OFFICERS AN P BREHM, WAYNE 3070 GRAND AVENUE			13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS				
12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN P BREHM, WAYNE			13. 1.1 TITLE 1.2 NAME	T ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age: OFFICERS AN P BREHM, WAYNE 3070 GRAND AVENUE		☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS			☐ Change	☐ Addition
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14. 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 annual report or suppliemental 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, with all other like empowered.

SIGNATURE: