

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G22593 (9)**
1. Corporation Name: **OTTI INC.**

Principal Place of Business: **300 SW 8 AVE MIAMI FL 33130**
Mailing Address: **300 SW 8 AVE MIAMI FL 33130**



2. Principal Place of Business: **21** Sub: Apt., etc. **22** City & State **23** Zip **24** County **25**
2a. Mailing Address: **26** Sub: Apt., etc. **27** City & State **28** Zip **29** County **30**

3. Date Reported or Closed: **01/26/1983** 3a. Date of Last Report: **04/24/1995**
4. EIN Number: **59-2255142** 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. 193 C32, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **DELGADO, MARIA MANUELA 3075 NW 106 ST MIAMI FL 33145**

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 607.0142 and 607.1502, 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 607.003, Florida Statutes.

SIGNATURE: *[Signature]* Date: **3/28/96**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	REYES, MANUEL	
STREET ADDRESS	769 SW 3RD ST	
CITY, ST, ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REYES, ROSARIO	
STREET ADDRESS	769 SW 3RD ST	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(2)(k), Florida Statutes. I further certify that the information included on this annual report is supplemental and that 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 attached list with an address.

SIGNATURE: *[Signature]* Secretary **3/28/96 (305) 443-5114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROSARIO REYES**

CR2E034 (12/95)