

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 622593  
 1. Corporation Name  
**OTTI INC**

Principal Place of Business <b>300 S.W. 8TH AVE MIAMI FL 33130</b>	Mailing Address <b>300 S.W. 8TH AVE MIAMI FL 33130</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>1/26/1983</b>	3a. Date of Last Report <b>4/29/1996</b>
		4. FEI Number <b>59-2265142</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DELGADO, MARIA MANUELA  
3075 N.W. 106 ST.  
MIAMI FL 33145**

**10. Name and Address of New Registered Agent**

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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: \_\_\_\_\_ DATE: **4/28/97**

**12. OFFICERS AND DIRECTORS**

1.1 TITLE <b>PTD</b>	<input type="checkbox"/> DELETE
1.2 NAME <b>REYES, MANUEL</b>	
1.3 STREET ADDRESS <b>334 S.W. 8TH AVE MIAMI FL 33130</b>	
1.4 CITY-ST-ZIP <b>MIAMI FL 33130</b>	
2.1 TITLE <b>SD</b>	<input type="checkbox"/> DELETE
2.2 NAME <b>REYES, ROSARIO</b>	
2.3 STREET ADDRESS <b>334 S.W. 8TH AVE MIAMI FL 33130</b>	
2.4 CITY-ST-ZIP <b>MIAMI FL 33130</b>	
3.1 TITLE <input type="checkbox"/> DELETE	
3.2 NAME <input type="checkbox"/> DELETE	
3.3 STREET ADDRESS <input type="checkbox"/> DELETE	
3.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
4.1 TITLE <input type="checkbox"/> DELETE	
4.2 NAME <input type="checkbox"/> DELETE	
4.3 STREET ADDRESS <input type="checkbox"/> DELETE	
4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
5.1 TITLE <input type="checkbox"/> DELETE	
5.2 NAME <input type="checkbox"/> DELETE	
5.3 STREET ADDRESS <input type="checkbox"/> DELETE	
5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
6.1 TITLE <input type="checkbox"/> DELETE	
6.2 NAME <input type="checkbox"/> DELETE	
6.3 STREET ADDRESS <input type="checkbox"/> DELETE	
6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

**700002176337**  
**-05/13/97--01038--014**  
**\*\*\*165.00**

14. I do 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 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: x **Rosario Reyes** Secretary **4/28/97** (305) 443-5114  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROSARIO REYES**

CR2E034 (9/96)