FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G98712

1. Corporation	on Name)	
OLIAN, I	INC.				
					[1] BIBII 2011 BIBII BIBII 2011 2011 1201
Ĺ					
Principal Plac	e of Business	Mailing Address			ari Algii Albii Alaii biali 41811 (40)
12195 SW 1321		12195 SW 132ND COURT			
MIAMI FL 3318	6	MIAMI FL 33186		DO NOT WRITE IN T	HIS SDACE
US US				3. Date Incorporated or Qualifed	IIIS SPACE
į				02/21/1984	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2374202	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u></u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	32/
24	25	29 3	0]	Personal Property Tax.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	es Agent
, ALEI	NTADO, ANTONIO F	1. ·			<u></u>
	SW 27TH AVE	•	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUIT	E 203		83		
MIAN	MI FL 33135	•			<u> </u>
			84 City	F	85 Zip Code
.11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpose	of changing its registered
office or i	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was auth ations of Section 607 0505. Florid	norized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	and doopt the saig	anono, or, occurred to the coop, it is no	a otatatoo.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Ri	egistered Agent signature require	d when reinstating) DATE	
12.	, — — — — — — — — — — — — — — — — — —	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELCUETO, LILIANA		1.2 NAME		
STREET ADDRESS	1	Matter on the property of the	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	TOPERE	1.4 CITY-ST-ZIP		Change C Addition
TITLE	S ALENTADO AIDA	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME CTREET ADDRESS	ALENTADO, AIDA		2.2 NAME		
STREET ADDRESS	12310 SW 96 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME .		_ 5=====	3.2 NAME		
STREET ADDRESS	190 A 100 A 100		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		•
TITLE	2	☐ DELETE	4.1 TITLE		Change Addition
NAME ,			4, 2 NAME		
STREET ADDRESS		•	4.3 STREET ADDRESS		
CITY-ST-ZIP		•	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS	, · ·		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·	
TITLE	MATALON STATE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
	F 3385. 3 - 3 - 1 1 21		6.2 NAME		

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90019 024 ***150.00

CR2E034 (11/98)