2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # G98712 1. Entity Name 01-29-2004 90023 015 ***150.00 OLIAN, INC. Principal Place of Business Mailing Address 12195 SW 132ND COURT MIAMI FL 33186 12195 SW 132ND COURT MIAMI FL 33186 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2374202 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALENTADO, ANTONIO F Street Address (P.O. Box Number is Not Acceptable) 1149 SW 27TH AVE SUITE 203 **MIAMI FL 33135** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change XXX Addition PD THLE TITLE ☐ Delete VP DELCUETO, LILIANA NAME NAME DELCUETO, RICARDO 12300 SW 96th Street .12300 SW.96th Stret STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP Miami, Fl. 33186 ☐ Change XX Addition TITLE XX Delete TITLE ISSUD-SWANSSAMERK VITENIANS AND NAME ALENTADO N, CONCHITA STREET ADDRESS STREET ADDRESS 12310 SW 96th Street CITY-ST-ZIP NATAMINELX381686X CITY-ST-ZIP Miami, Fl. 33186 XX Addition TITLE ☐ Delete TITLE Change NAME. NAME ALENTADO, F. ANTONIO STREET ADDRESS STREET ADDRESS 12310 SW 96th Street Miami, F1, 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

gurous +: ALENTOSAI- ZZ- Of (301)6+2-7688