

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000090376 (1)**

1. Corporation Name  
**OMNI DEVELOPMENT, INC.**



Principal Place of Business

**14 NORTH EAST FIRST AVENUE  
SUITE 516  
MIAMI FL 33132**

Mailing Address

**14 NORTH EAST FIRST AVENUE  
SUITE 516  
MIAMI FL 33132**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt., Etc.

26. State, Apt., Etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**LARAQUE, EDY  
14 NORTH EAST FIRST AVENUE  
SUITE 516  
MIAMI FL 33132**

3. Date Incorporated or Qualified

**11/28/1995**

3a. Date of Last Report

**Nil**

4. FEI Number

**65-0621047**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Elect to Carry over Force of a Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

Yes  No

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 607.02(1) and 607.01(1), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office to the address set forth in the State of Florida. Such change was approved by the corporation's board of directors. This entry accepts the appointment as registered agent. I am familiar with and a signatory to the provisions of Sections 607.02(1) and 607.01(1), Florida Statutes.

SIGNATURE

Name of the Agent (Registered Agent)

Date

12. OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> DELETE
2. STREET ADDRESS	
3. CITY	<input type="checkbox"/> DELETE
4. STATE	
5. ZIP	
6. TITLE	
7. NAME	<input type="checkbox"/> DELETE
8. STREET ADDRESS	
9. CITY	<input type="checkbox"/> DELETE
10. STATE	
11. ZIP	
12. TITLE	
13. NAME	<input type="checkbox"/> DELETE
14. STREET ADDRESS	
15. CITY	<input type="checkbox"/> DELETE
16. STATE	
17. ZIP	
18. TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Voltaire Michel J.	
3. STREET ADDRESS	19721 NW 40 CT	
4. CITY, ST, ZIP	Miami FL 33055	
5. TITLE	Secrétaire	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	LARAQUE, EDY	
7. STREET ADDRESS	235 Antilla ave apt 1	
8. CITY, ST, ZIP	Coral Gables FL 33134	
9. TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Casseus Herold	
11. STREET ADDRESS	1240 NE 159 ST	
12. CITY, ST, ZIP	Miami FL 33162	
13. TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	Bernard, seraphin	
15. STREET ADDRESS	240 NE 48 TR	
16. CITY, ST, ZIP	Miami FL 33137	
17. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	Vilme, Prudel	
19. STREET ADDRESS	1226 NE 147 ST	
20. CITY, ST, ZIP	Miami FL 33161	
21. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Moliere, Anthony	
23. STREET ADDRESS	1019 NW 43 ST	
24. CITY, ST, ZIP	Miami FL 33129	

14. I hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.071(1)(a), Florida Statutes. I further certify that the information is false or misleading in part or suggests an untrue and accurate and that my signature shall have the same legal effect as if made under oath and that I am an officer or director of the corporation or the registered agent or authorized person to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the filing or on a notification with an address.

SIGNATURE: *Edy Laraque* secretaire EDY LARAQUE

01/20/96

305-373-7749

CR2E034 (12/95)