

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000054872

**Entity Name:** OMI INSURANCE INC

**Current Principal Place of Business:**

6220 S ORANGE BLOSSOM TRAIL  
186  
ORLANDO, FL 32809

**Current Mailing Address:**

6220 S ORANGE BLOSSOM TRAIL  
185  
ORLANDO, FL 32809 US

**FEI Number:** 82-2233755

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HICHO, MARFA  
6220 S ORANGE BLOSSOM TRAIL  
185  
ORLANDO, FL 32809 US

*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.*

**SIGNATURE:** MARFA HICHO

04/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HICHO , MARFA  
Address 6220 S ORANGE BLOSSOM TRAIL  
STE 185  
City-State-Zip: ORLANDO FL 32809

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARFA HICHO

**PRINCIPAL**

04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date