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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE AND TYPED OR PRINTED THANK OF SIGNING OFFICER OR DIRECTOR

OCUM Corporation No AVANTI		36 (4)				
ncipat Place of 13449 N.W. 42 MIAMI FL 330	2 AVE.	Mailing Address 13449 N.W. 42 AVE. MIAMI FL 33054-4586			II	
				3. Date Incorporated or Qualified 03/31/1965	3a. Date of Last Re 04/27/19	
Principal Place of Business 2a. Mailing Address			4. FEI Number 59-1089469		Applied For	
26 Suite, Apt. #, etc Suite, Apt. #, etc.			5 Cardificate of Status Desired S8.75 Addition		Not Applicable Additional	
27			Fee Required 8. Election Campaign Financing \$5.00 May Be			
City & State 28		Ony & State		Trust Fund Contribution	- L Adde	to Fees
Ziga	Country	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s No	199.032,
	9. Name and Address of Curre	29 nt Registered Agent	30	10. Name and Address of New F		
			81 Name			
ARRIOLA, JOSEPH, JR 7855 SW 82 CT			82 Street Add	Iress (P.O. Box Number is Not Acceptat	ole)	
MIAMI FL 33054			83			
			84 City		85 Zi	p Code
	007.000	og and 607 1509 Florida Statut	on the above named corre	oration submits this statement for the pu and of directors. I hereby accept the app	FL roose of changing its	eaistered office
E F	VS Arriola, Lourdes	ND DIRECTORS DELETE	13. 1 1 TITLE 1 2 NAME	ADDITIONS/CHANGES TO OFF	Change	Addition
ET ADORESS - STEZIP	7855 SW 82 CT Miami Fl		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
	C	DELETE	2 1 TITLE		Change	☐ Addition
E ADORESS	ARRIOLA, JOSEPH, JR 7855 SW 82 CT MIAMI FL		2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP			
- ST_7/P	PD	DELETE	3 1 TITLE		☐ Change	Addition
t	MARTINEZ, E 5200 SW 82 AVE.		32 NAME			
FLADORESS -ST-ZIP	5200 SW 82 AVE. MIAMI FL		3 3 STREET ADDRESS 3 4 CITY - ST - ZIP			
(EL ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	Addition
-S1-Z:P	,	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
í			5.2 NAME			_
ET ADDRESS			5 3 STREET ADDRESS			
-51-ZIP		☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change	Add:tion
ę			6.2 NAME			
EFT ADDRESS			6 3 STREET ADDRESS			
-S1-ZIF	codify that the information supplier	d with this filingus voluntarily for	64 CITY-ST-7IP	of for the exemption stated in Section 11	9.07(3)(k), Florida State	ites. I further
certify that I	the information indicated on this an am an officer or director of the corr	nual report or supplemental and	nual report is true and accure to empowered to execute to	y for the exemption stated in Section 11: rate and that my signature shall have th this report as required by Chapter 607, I	e same legal effect as Florida Statutes; and ti	if made under nat my name
constant	Block 12 or Block 13 if changed, o	or on an attachment with an add	iress	1	1	
appea sur	1 1 1 -			0/10/00 -	1/00 -	201