

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 430549

(6)

1. Corporation Name

OMNISPHERE CORPORATION



Principal Place of Business

1250 SW 27 AVENUE 4TH FL
MIAMI FL 33135

Mailing Address

1250 SW 27 AVENUE 4TH FL
MIAMI FL 33135

2. Principal Place of Business

2a. Mailing Address

21 Sub-Appl. No.

26 Sub-Appl. No.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

VALDES, ALEXANDER F.
1250 SW 27 AVENUE 4TH FL
MIAMI FL 33135

3. Date Incorporated or Qualified

07/16/1973

3a. Date of Last Report

04/11/1995

4. FEI Number

59-1472128

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
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 607.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Officer or Director)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME D VALDES, FRANCISCO, T. 1250 SW 27 AVENUE MIAMI, FL...	1.1 TITLE ☐ Change ☐ Addition
12.2 STREET ADDRESS ST	1.2 NAME
12.3 CITY-STATE-ZIP ST	1.3 STREET ADDRESS
12.4 CITY-STATE-ZIP 5101 NW 37TH AVE	1.4 CITY-STATE-ZIP
12.5 CITY-STATE-ZIP MIAMI, FL 00000	2.1 TITLE ☐ Change ☐ Addition
12.6 CITY-STATE-ZIP VPD	2.2 NAME
12.7 CITY-STATE-ZIP VALDES, JESUS F.	2.3 STREET ADDRESS
12.8 CITY-STATE-ZIP 5101 N.W. 37TH. AVENUE	2.4 CITY-STATE-ZIP
12.9 CITY-STATE-ZIP MIAMI FL	3.1 TITLE ☐ Change ☐ Addition
12.10 CITY-STATE-ZIP PD	3.2 NAME
12.11 CITY-STATE-ZIP VALDES, ALEXANDER	3.3 STREET ADDRESS
12.12 CITY-STATE-ZIP 1250 SW 27 AVENUE	3.4 CITY-STATE-ZIP
12.13 CITY-STATE-ZIP MIAMI, FL 00000	4.1 TITLE ☐ Change ☐ Addition
12.14 CITY-STATE-ZIP	4.2 NAME
12.15 CITY-STATE-ZIP	4.3 STREET ADDRESS
12.16 CITY-STATE-ZIP	4.4 CITY-STATE-ZIP
12.17 CITY-STATE-ZIP	5.1 TITLE ☐ Change ☐ Addition
12.18 CITY-STATE-ZIP	5.2 NAME
12.19 CITY-STATE-ZIP	5.3 STREET ADDRESS
12.20 CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
12.21 CITY-STATE-ZIP	6.1 TITLE ☐ Change ☐ Addition
12.22 CITY-STATE-ZIP	6.2 NAME
12.23 CITY-STATE-ZIP	6.3 STREET ADDRESS
12.24 CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 in Block 13 if changed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)