FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

- PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 430549 1. Corporation Name **OMNISPHERE CORPORATION**

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90030 026 ***150.00



							61311 F1311 1811	
Principal Place of Business Mailing Address					1 1005(1) \$1669 (fills \$910) SIVIL BIRDI BIRDI GERK DIBIT GERK DIBIT GERK GERK (GA)			
1250 SW 27 AV MIAMI FL 33135		1250 SW 27 AVENUE 4TH FL MIAMI FL 33135			DO NOT WRITE IN THIS SPACE			
	e e e e e e e e e e e e e e e e e e e				3. Date Incorporated or Qualifed			
\ }					07/16/1973			1
2. Principal P	lace of Business	2a. Mailing Addr	ess		4. FEI Number	Ap	pplied For] :
21	<u> </u>	26			59-1472128		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution Added to Fees			-
Zip	Country	Zip	_	untry	8. This corporation owes the current year t			ļ
24	25	29	30	·r	Personal Property Tax.	Yes	□No	Į
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registere	a Agent		1
VA1 1	DEC ALEVANDED E			81 Name		•	1	
1250	DES, ALEXANDER F. D SW 27 AVENUE 4TH FL		82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
) MIAN	MI FL 33135			83	The state of the s		(4) 高温 [Ì
	i			84 City	The second secon	. 85 Zip (Code	ł
				64 City	F		oodo	
l office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such chan	de was authorize	d by the corbor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	d Agent signature req	uired when reinstating) DATE			6
12.	OFFICERS AN	ND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFICERS			Š
TITLE	D	□ DI	ELETE 1.1 T	TILE		Change	☐ Addition	3
NAME	VALDES, FRANCISCO,T.		1.2 h	IAME		,		5
STREET ADDRESS	1250 SW 27 AVENUE		1.3 5	STREET ADDRESS			t	μ
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	- 			فِ إ
TITLE	ST	Ū DI	ELETE 2.1 T	TILE		Change	☐ Addition	1
NAME	ROCA, JESUS		2.2 1	IAME			1	
STREET ADDRESS	5101 NW 37TH AVE		2.3 5	TREET ADDRESS				
-CITY-ST-ZIP -	-MIAMI, FL 00000		2.4	CITY_ST_ZIP		<u> </u>		Ì=-
TITLE , ,	VPD.		ELETE 3.1 1	TTLE		☐ Change	Addition Addition	
NAME	VALDES, JESUS F.		3.2 M	IAME			i	ĺ
STREET ADDRESS	5101 N.W.37TH. AVENUE		3.3 8	STREET ADORESS	:			
CITY-ST-ZIP	"MIAMI FL"		3.4.	CITY-ST-ZIP		50, 1		1
TITLE	PD	□ D	ELETE 4,1 T	TILE		Change :	- Addition	
NAME	VALDES, ALEXANDER		4.2	NAME				
STREET ADDRESS	1250 SW 27 AVENUE		4.3 \$	STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000			CITY-ST-ZIP				1
TITLE		ים 🗖		TITLE		Change	Addition	
NAME			5.2	AME			l	
STREET ADDRESS			5.3 8	STREET ADDRESS	·	• '•		
CITY-ST-ZIP				CITY-ST-ZIP				1
TITLE	The state of the s	D	ELETE 6.17	TTLE		Change .	☐ Addition	İ
NAME			6.21	IAME	•			
STREET ADDRESS			6.3 \$	STREET ADDRESS				
CITY-ST-ZIP			6.4 0	CITY-ST-ZIP	<u> </u>			

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF