SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **661100** **(8)**

1. Corporation Name
OTMIRA CORP.

Principal Place of Business	Mailing Address
1401 W. FLAGLER ST. **MIAMI FL 33313-5**	**1401 W. FLAGLER ST.** **MIAMI FL 33313-5**

3. Date Incorporated or Qualified: **03/10/1980**
3a. Date of Last Report: **05/30/1995**

4. FEI Number: **59-1982915** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1365 W. 42 Place	26 1365 W 42 Place
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hialeah Florida	28 City & State: Hialeah Florida
24 Zip: 33012 25 Country	29 Zip: 33012 30 Country

9. Name and Address of Current Registered Agent

ARNEJO, RAMON
140 W. FLAGLER ST.
MIAMI FL 33135

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, type/print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when 83 filled)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	ARNEJO, RAMON	
STREET ADDRESS	1401 W. FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VP	☐ DELETE
NAME	ARNEJO, OMAR	
STREET ADDRESS	1401 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	☐ DELETE
NAME	ARNEJO, NELIDA	
STREET ADDRESS	1401 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	T	☐ DELETE
NAME	ARNEJO, JORGE	
STREET ADDRESS	1401 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ R Arnejo Ramon Arnejo 6/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044861 CP