SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT · CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

pg.192

97 JUL 22 PM 2:54

	1997	DIVISION OF CO	RPORATIONS	GEORETARY OF STATE	⊭ ■ ●_	
DOCUMENT # 677301 (4) OMEGA EXIM, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place	e of Business	Mailing Address			ELBIK BIBAN BIBIN BIBIN BIBIN ENDIN IRDI	
7341 NW 34TH ST P.O. BX 523950 MIAMI FL 33122-1246 GUITE 403- US MIAMI FL 33152-3950						
				DO NOT WRITE I	N THIS SPACE	
		US		3. Date incorporated or Qualified	3a. Date of Last Report	
				06/30/1980	04/23/1996	
L	lace of Business	2a. Mailing Address 26 P.O. BOX 5239	050	4. FEI Number	Applied For	
Suite, Apt	#. etc.	Suite, Apt. #, etc.		59-2010077	Not Applicable \$8.75 Additional	
22	,	27		5. Certificate of Status Desired	Fee Required	
City & State	8	City & State MIAMI, FL		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	7ip	Country	Trust Fund Contribution 8. This corporation owes or has paid	Added to Fees	
24	25	29 33152-3950 30	~	Personal Property Tax due June 3	_ ′ ′	
	9. Name and Address of Current			10. Name and Address of New Reg		
GREIG, LOUIS 81 Name						
10201 SW 84TH CT MIAMI FL 33156			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
			63			
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name				orporation submits this statement for the pu	irpose 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	Signature, typed or printed name of registered agen	t and tills if projection (NOTE: B	togistored Agent signature re	united who raisstance)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PO	DELETE	1.1 TIFLE	32.20	☑ Change ☐ Addition	
NAME	GREIG, LOUIS		1.2 NAME		5	
STREET ADDRESS	10201 SW 84TH CT MIAMI FL	33156-2413	13 STHEFT ADDRESS		ì	
CITY-ST-ZIP TITLE	TS	DELETE	14 CITY-ST-ZIP 2 1 TILLE	TS	Change Addition	
NAME	HIGUERAS, MARITA		2 2 NAME	HIGUERAS, MARITA		
STREET ADDRESS	10852 SW 8TH ST, #303		2.3 STREET ADDRESS	12221 SW 103 RD TERRAG	CE	
CITY;ST-ZIP	MIAMI FL		2. 4 CITY - \$1 - ZIP	MIAMI, FL 33186		
TITLE		☐ DELETE	3.11/1/16 ,	1000022	47-51909 - 1/4500 701110005 .00 ****165.00	
NAME ACTREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	-U7/24/9	(U111UUU5 00 ****100 00	
*STREET ADDRESS CITY-ST-ZIP			3.4. CHY-ST-ZIP	ホホホ を100	.00 ****100.00	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - \$1 - 7IP			
TITLE		☐ DELETE	5.1 TITLE	_	Change Addition	
NAME STREET ADORESS			5.2 NAME 5.3 STREET ADORESS	$A \sim$		
CITY-ST-ZIP			5.4 CITY-S1-ZIP	U. alan)	
TITLE		☐ DELF1E	6.1 TITLE	a. alan 422/9:	Change Addition	
NAME			6.2 NAME	712219.	+	
STREET ADDRESS			63 STHEET ADDRESS	11 11		
CITY-ST-ZIP			64 CITY-ST-7IP			

14. I do 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.



Omega Exim, Incorporated

3420 NORTHWEST 73RD AVENUE MIAMI, FLORIDA 33122-1246

P.O. BOX 523950 ● MIAMI, FLORIDA 33152-3950 TELEPHONE: (305) 639-3496 □ FACSIMILE: (305) 639-3497

July 14, 1997

Florida Department of State Divisions of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

On April 10, 1997 I mailed the 1997 Corporation Annual Report, together with a check on the amount of \$ 165.00 to cover the annual filing fee.

This past week, I received a Second Notice from your office, requesting payment for the annual filing fee. Upon checking our bank statements, we discovered that the check on the amount of \$ 165.00 payable to the Florida Department of State (Ck # 3858) had not been presented for payment to our bank. I called your office and spoke to Ms Jane, who suggested that I write this letter explaining the reason why our account had not been properly credited and to mail a new check on the amount drawn.

Since an envelope addressed to your office was mailed on April 10, I can only assume that the envelope was either lost by the postal system or misplaced by yours.

Also, by checking our payment record during the past years, you will find that we were always on time in complying with your requirement to pay the filing fee before May 1.

Thank you for your understanding.

Sincerely yours,

Louis H. Greig

President

LHG: tw