

FILE NOW: FILING FEE IS \$61.25 + \$8.75

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 737721 (1)

1. Corporation Name

OMNI INTERNATIONAL-MIAMI MERCHANT'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1601 BISCAYNE BLVD  
SUITE 1119  
MIAMI FL 33132  
US

1601 BISCAYNE BLVD  
MIAMI FL 33132-1224



3. Date Incorporated or Qualified  
12/30/1976

3a. Date of Last Report  
10/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-1718969

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, ANNETTE M  
1601 BISCAYNE BLVD  
ROOM 1119  
MIAMI FL 33132

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Annette M. Alvarez*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/17/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME NEWMAN, PHIL  
STREET ADDRESS 1601 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33132

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME MARERRO, PETE  
STREET ADDRESS 1601 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33132

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Marrero, Pete  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ED ☐ DELETE  
NAME JAITT, MIGUEL  
STREET ADDRESS 1601 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33132

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ED ☐ DELETE  
NAME KAUFMAN, VICTOR  
STREET ADDRESS 1601 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33132

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ED ☐ DELETE  
NAME SINGER, BILLY  
STREET ADDRESS 1601 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33132

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ED ☐ DELETE  
NAME RAJWANOI, SAM  
STREET ADDRESS 1601 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33132

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 (305) 374-6664  
Date Daytime Phone # 0028871

CR2E037 (9/96)