

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90045 022 ***150.00

DOCUMENT # 820927

1. Corporation Name

OMC LATIN AMERICA/CARIBBEAN, INC.

Principal Place of Business

100 SEA HORSE DRIVE
WAUKEGAN ILLINOIS 60085-9195

Mailing Address

100 SEA HORSE DRIVE
WAUKEGAN ILLINOIS 60085-9195

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1967

4. FEI Number

36-2536154

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	JONES, D D JR	
STREET ADDRESS	100 SEA HORSE DRIVE	
CITY-ST-ZIP	WAUKEGAN IL 60085	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROMANO, R S	
STREET ADDRESS	100 SEA HORSE DRIVE	
CITY-ST-ZIP	WAUKEGAN IL 60085	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARTADE, R M	
STREET ADDRESS	403 SAWGRASS CORP PKWY	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	ROMANO, R.S.	
STREET ADDRESS	100 SEA HORSE DR.	
CITY-ST-ZIP	WAUKEGAN IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PIRES, J.	
STREET ADDRESS	403 SAWGRASS CORP PKWY	
CITY-ST-ZIP	SUNRISE FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	REPP, G G	
STREET ADDRESS	100 SEA HORSE DRIVE	
CITY-ST-ZIP	WAUKEGAN IL 60085	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C/D
1.3 STREET ADDRESS	Arzbach, Johan
1.4 CITY-ST-ZIP	100 Sea-Horse Drive Waukegan, IL 60085
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CFO
3.3 STREET ADDRESS	Hines, A. P.
3.4 CITY-ST-ZIP	100 Sea-Horse Drive Waukegan, IL 60085
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AT
4.3 STREET ADDRESS	Armstrong, Warick
4.4 CITY-ST-ZIP	100 Sea-Horse Drive Waukegan, IL 60085
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

(847) 689-7157

CR2E034 (1/98)

545554-90045-22
Doc # 820927

OMC LATIN AMERICA/CARIBBEAN, INC.

Officers and Directors

Officers:

Chairman	J. Arzbach	100 Sea-Horse Drive, Waukegan, Illinois 60085
Chief Financial Officer	A.P. Hines	100 Sea-Horse Drive, Waukegan, Illinois 60085
President	R.M. Cartade	480 Sawgrass Corporate Pkwy, Ste. 100, Sunrise, FL 33325
Vice President and Treasurer	J. Pires	480 Sawgrass Corporate Pkwy, Ste. 100, Sunrise, FL 33325
Vice President and Secretary	R.S. Romano	100 Sea-Horse Drive, Waukegan, Illinois 60085
Assistant Treasurer	W. Armstrong	100 Sea-Horse Drive, Waukegan, Illinois 60085
Assistant Secretary	G.G. Repp	100 Sea-Horse Drive, Waukegan, Illinois 60085

Directors:

Chairman	J. Arzbach	100 Sea-Horse Drive, Waukegan, Illinois 60085
	R.S. Romano	100 Sea-Horse Drive, Waukegan, Illinois 60085
	G.G. Repp	100 Sea-Horse Drive, Waukegan, Illinois 60085