FILE NU .: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 1997

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

FILED
Jun 04 1997 8:00am
Secretary of State

DOCUMENT # K27443 (6)

1. Corporation Name:
OT 26 INC.

[redacted]

Principal Place of Business
750 COLLINS AVENUE
NO. 1
MIAMI BEACH FL 33139
US

Mailing Address
750 COLLINS AVENUE
NO. 1
MIAMI BEACH FL 33139
US

3. Date Incorporated or Qualified: 06/30/1988
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0087183 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. [illegible] ☐ — $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
ALVAREZ, JOSE
9445 BIRD ROAD
SUITE 105
MIAMI FL 33165

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	YUKEN, SALOMON	
STREET ADDRESS	750 COLLINS AVENUE #1	
CITY-ST ZIP	MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	MONTIEL, JOSE R.	
STREET ADDRESS	601 SOUTH SHORE DRIVE	
CITY-ST ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST ZIP		

13.

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST ZIP		

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CS 6/4/97

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)(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 of paragraph 11 of this document with an address.

SIGNATURE: [illegible] Yuken