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## 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** 

## DOCUMENT # 1/20704

1. Corporation	OM NETWORKS INTERNATION	ONAL INC.		
Principal Place of Business Mailing Address				T I DE FAIT   DIE MAIN 1914   1981
7695 - S.W 104 - STREET 7695 - S.W 104 - STREET				
SUITE 210 SUITE 210				
MIAMI-FL-33131 MIAMI-FL-33131				DO NOT WRITE IN THIS SPACE
		:		3. Date Incorporated or Qualifed 07/22/1988
	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 551 Fifth ave 26				APPLIED FOR 134013027   Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
22				
City & State	i.G	28		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	1/a Country	Zip	Country	8. This corporation owes the current year Intangible
24 101	16 25 US	29 30	<u> </u>	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
81 Name C				
				ERIC LITTMAN Y.H
7695 S.W. 104 STREET				Address (P.O. Box Number is Not Acceptable) Street
Suite 210 1831 O L				
MIAMI FL 33156 STE				Ste 210
			84 City	MIAMI FL 85 33315
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				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits with 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a solution accept the appointment as registered agent. I am familiar with a solution accept the appointment as registered agent. I am familiar with a solution accept the appointment as registered agent. I am familiar with a solution accept the appointment as registered agent. I am familiar with a solution accept the appointment as registered agent. I am familiar with a solution accept the appointment as registered agent. I am familiar with a solution accept the appointment as registered agent. I am familiar with a solution accept the appointment as registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung)  DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD /	<b>▼</b> DELETE	1.1 TITLE	DIRECTOR Change Addition
NAME	KUPERMANK MARC		1.2 NAME	Ael Apelboim
STREET ADDRESS	7698 S.W. 104 STREET #210		1.3 STREET ADDRESS	He Beigar 4
CITY-ST-ZIP	MIAMI FY 32156		1.4 CITY-ST-ZIP	HERZLIA ISRAEL
TITLE		☐ DELETE	2.1 TITLE	PRESIDENT CERIKIS Change Addition
NAME .			2.2 NAME	MARY ELLEN TEFARIKIS
STREET ADDRESS			2.3 STREET ADDRESS	690 E 18 HI Street
*CITY-ST-ZIP	سيون احديد يبت بنيدر أبي ييسب	<u> </u>	2.4 CITY-ST-ZIP	BKLYN, - N. 4-11030
TITLE		☐ DELETE	3.1 TITLE	DIRECTOR Change Addition
NAME			3.2 NAME	Stephen & Doyle
STREET ADDRESS			3.3 STREET ADDRESS	100 Park AVE 5th flr
CITY-ST-ZIP			3.4. CITY-ST-ZIP	N-Y.C.
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT-Systems Change MAddition
NAME			4.2 NAME	CARLOS MARISICAL
STREET ADDRESS			4.3 STREET ADDRESS	97-15 117 HI St.
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Richmond Hill A. Y. 11419
TITLE		☐ DELETE	5.1 ππLE	GOMPTROLLER COMPTROLLER Change Paddition
NAME		•	5.2 NAME	NORNALE PERALTA
STREET ADDRESS			5.3 STREET ADDRESS	36 & Clay Ave Roselle Pk. N. J 97204
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Roselle (Kr. 11. J 97204

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

☐ DELETE

2126817450

Change