FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K57658** **(2)**

1. Corporation Name
O.T. 12, INC.

Principal Place of Business
1818 WEST FLAGLER STREET
MIAMI FL 33135

Mailing Address
1818 WEST FLAGLER STREET
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/03/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 750 Collins Ave
22 Suite, Apt. #, etc.: No. 1
23 City & State: Miami Beach, FL
24 Zip: 33139
25 Country: USA

2a. Mailing Address
26: 750 Collins Ave
27 Suite, Apt. #, etc.: No. 1
28 City & State: Miami Beach, FL
29 Zip: 33139
30 Country: USA

4. FEI Number: **65-0099056** ☐ 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

ALVAREZ, JOSE
1818 WEST FLAGLER
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: ALVAREZ, JOSE
82 Street Address (P.O. Box Number is Not Acceptable): 9445 BIRD Road
83: Suite 105
84 City: MIAMI **FL** 85 Zip Code: 33165

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition D
NAME	CIMBLER, SAUL	1.2 NAME	CIMBLER SAUL
STREET ADDRESS	750 COLLINS AVENUE	1.3 STREET ADDRESS	407 LINCOLN Road, Suite 2L
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D	2.1 TITLE	☒ Change ☐ Addition D
NAME	LORENZO, ALBERTO	2.2 NAME	LORENZO, ALBERTO
STREET ADDRESS	1818 WEST FLAGLER STREET	2.3 STREET ADDRESS	9445 Bird Road Ste 105
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	D	3.1 TITLE	☒ Change ☐ Addition D
NAME	SHUMINER, INGRID	3.2 NAME	SHUMINER, INGRID
STREET ADDRESS	1818 WEST FLAGLER STREET	3.3 STREET ADDRESS	750 Collins Ave #1
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Ingrid Yulken Ingrid Yulken 4-24-95 (305) 534-5088
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0142768 CP