Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90006 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# 1

1. Corporation OMNI LA	AND COMPANY, INC.	5			1817 81817 81811 81817 81817 81817 1881
B: : 181		Mailing Address			
Principal Place		Mailing Address		·	
524 FERNWOOD RD KEY BISCAYNE FL 33149 US 524 FERNWOOD RD KEY BISCAYNE FL 33149 US US			DO NOT WRITE IN T	HIS SPACE	
00		•		3. Date Incorporated or Qualifed	
				01/26/1990	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0188842	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	* \$8.75 Additional Fee Required
22		27 City & State		0.5) 11.0	
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	This corporation owes the current year	· · · · · · · · · · · · · · · · · · ·
24	25		30	Personal Property Tax.	Yes No
24],	9. Name and Address of Curr		001	10. Name and Address of New Registe	red Agent
		<u> </u>	81 Name	OLGA GUILARTE	
	OZO, MR. C. G.			Idress (P.O. Box Number is Not Acceptable)	
524 FERNWOOD RD		5	524 FERNWOOD RD.		
KEY	BISCAYNE FL 33149		83		
			84 City	2 ' 2	85 Zip Code
		<u></u>	' \	ley Biscaque 1	FL <i>33149</i>
office or r	egistered agent, or both, in the Star m familiar with, and agreent the obli	gations of, Section 607.0505, Flor	ithorized by the corbora	provide the purpose the purpos	ppointment as registered
Signature, typed or printed pame of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, LUTHER J.		1.2 NAME		
STREET ADDRESS	465 RIVERSIDE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL				
TITLE	DVT		1		
NAME	= :	₩ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
	HEBUZU, U.G.	DELETE	1.4 CITY-ST-ZIP		Change Addition
	REBOZO, C.G. 2 Harbor Point	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	2 HARBOR POINT	▼ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition
		₩ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2 HARBOR POINT KEY BISCAYNE FL S SMITH, JOAN 465 RIVERSIDE DR	X DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 7	SECRET. THOMAS H. WAKEFIELD 1018 COTORRO	∴
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2 HARBOR POINT KEY BISCAYNE FL S SMITH, JOAN 465 RIVERSIDE DR	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRET. THOMAS H. WAKEFIELD 1018 COTORRO CORAL GABLES, FLA 3	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 HARBOR POINT KEY BISCAYNE FL S SMITH, JOAN 465 RIVERSIDE DR	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP 5.6 CITY-ST-ZIP 5.7 TITLE 5.8 NAME 5.8 STREET ADDRESS 5.9 CITY-ST-ZIP 5.9 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SECRET. THOMAS H. WAKEFIELD 1018 COTORRO CORAL GABLES FLA 3 V.P. DLGA GUILARTE 524 FERNWOOD RD.	Change Addition Change Addition Change Addition

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

SIGNATURE:

CITY-ST-ZIP

365-0099