

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 1 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52171** (0)

1. Corporation Name
OMNICO INTERNATIONAL TRADING CORPORATION

Principal Place of Business: **5200 NW 33RD AVENUE #102 FORT LAUDERDALE FL 33309**
Mailing Address: **5200 NW 33RD AVENUE #102 FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Quasi: **02/22/1990** 3a. Date of Last Report: **02/01/1994**
4. FEI Number: **65-0182109** 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 § 193.002, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
State, Apt. #, etc.: 21, 22, 23, 24
City & State: 25, 26, 27, 28, 29, 30
Zip: 21, 22, 23, 24
Country: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
TEDRICK, JAMES
5200 NW 33RD AVENUE #102
FORT LAUDERDALE FL 33309

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

Corporate Agent or Limited Partner of registered agent: (see the Filing Guide) Registered Agent (signature required when submitting)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RODDENBERRY, STEHEN K.
STREET ADDRESS	801 BRICKELL AVE 24TH FL
CITY, ST, ZIP	MIAMI FL
TITLE	P
NAME	BERWIG, NEWTON A.
STREET ADDRESS	5200 NW 33RD AVENUE #102
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	S
NAME	TEDRICK, JAMES
STREET ADDRESS	5200 NW 33RD AVENUE #102
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	T
NAME	BERWIG, NEWTON U.
STREET ADDRESS	5200 NW 33RD AVENUE #102
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.006, Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if made in person, 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 this report or on an attachment with an address.

SIGNATURE: *James Tedrick* **James Tedrick** 4 27 95 305485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name) **3731**