

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 4-896

B-3203

C

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**



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

3. Date Incorporated or Qualified 02/22/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0182109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (Signature, typed or printed name of registered agent and the date) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RODDENBERRY, STEHEN K.	
STREET ADDRESS	801 BRICKELL AVE 24TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BERWIG, NEWTON A.	
STREET ADDRESS	5200 NW 33RD AVENUE #102	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TEDRICK, JAMES	
STREET ADDRESS	5200 NW 33RD AVENUE #102	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERWIG, NEWTON U.	
STREET ADDRESS	5200 NW 33RD AVENUE #102	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 954 485 3731
Date: _____ District Phone # _____

CR2E034 (12/95)