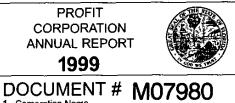
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90061 037 ***150.00

OMEGA INTERCONTINENTAL, INC.							
Principal Place	e of Business	Mailing Address		, <u></u> .	! IMETIMBET IET MURIE EMBEN HELEN INITA BART BANT	I BIBII BIBII BIBII	0/0)1 01811 1001
7270 NW 12 ST 7270 NW 12 ST					·		
STE 745 STE 745						10.004.05	
MIAMI FL 33126 MIAMI FL 33126					DO NOT WRITE IN TH	S SPACE	
US		us			3. Date incorporated or Qualifed 11/19/1984	<u>, , , , , , , , , , , , , , , , , , , </u>	
2. Principal P	lace of Business H. Terrace	2a. Mailing Address — 26 7440 SW	50th	Terrac	4. FEI Number	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	•		5. Certificate of Status Desired	• •	Additional equired
City & State City & State City & State City & State 28 Miani			ni Florida		6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip 24 3315		Zip 29 33155 3	Count	y USH	This corporation owes the current year of Personal Property Tax.	Intangible	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
5110	0.40.00		8	1 Name			
PUGA, CARLOS . 10041 W SUBURBAN DR				2 Street Add	dress (P.O. Box Number is Not Acceptable)	,,	
MIAMI FL 33156			8	2			
	• • • • • • • • • • • • • • • • •						
			8	1 1	F	L L	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auti	horized b	v the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its ointment as re	s registered egistered
SIGNATURE					ired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	ent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	DM	DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	PUGA, CARLOS		1.2 NAME	ì			
STREET ADDRESS	ARRAGINA DE INCIDENTALI DE			ET ADDRESS .			
CITY-ST-ZIP	3 M A 3 M PN		1.4 CITY-	Į.			_ }
TITLE			2.1 TITLE			☐ Change	Addition
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CITY-ST-ZIP			2.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME]
STREET ADDRESS			3.3 STRE	ET ADDRESS			}
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE	\	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
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STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-			Chance	Addition
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STREET ADDRESS			5.3 STRE				ĺ
CITY-ST-ZIP	ļ	☐ DELETE	6.1 TITLE			Change	Addition
TITLE .		☐ DELETE	6.2 NAME			ப்பாலும்	
NAME				ET ADDRESS			
STREET ADDRESS	1		1 3.3 5 11				ì

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 tristed 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.

SIGNATURE:

CITY-ST-ZIP

TEQUIRUD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305)666-6347