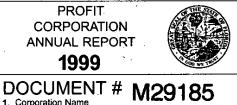
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

OMEGA CUSTOMS BROKERS INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90056 025 ***150.00

	ı

Principal Princi								
Principal Place	÷ ,	Mailing Address						
5209 N.W. 74 AVE. 5209 N.W. 74 AVE.								
SUITE 216 SUFFE-216- MIAMI FL 33166 MIAMI FL 33166					DO NOT WRITE IN THIS SPACE			
MIAMI FL. JJ100 Programme Francisco Miami Flat - 39100				3. Date Incorporated or Qualifed			1	
					03/20/1986			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	· T	Applied For	
21		26 P.O BOX 5208	31/4		59-2651008		Not Applicable	
Suite, Apt.	#, etc.	Suite Ant # etc				\$8.7	5 Additional	
22		27 MIAMI P	URAL	プ マ	5. Certifcate of Status Desired	Fe	e Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$ 5.	00 May Be	
23		28			Trust Fund Contribution	☐ <u>Ad</u>	ied to Fees	
Zip	Country	Zip	Countr		8. This corporation owes the current	year Intangible		
24	25	29 33 45 2 31	5	<u> </u>	Personal Property Tax.	X Yes	□No	
	9. Name and Address of Curre	nt Registered Agent	•		10. Name and Address of New Reg	istered Agent		
			81	Name			1	
	IDEROS, RAFAEL		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
l) S.W. 41 ST.			- OBOOT/IGG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MIAN	MI FL 33166		83	3			İ	
}			84	1 City		los!	Zip Code	
			0.	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the abov	e-named corpo	oration submits this statement for the pur	pose of changin	g its registered	
l office or r	registered agent, or both, in the State im familiar with, and accept the oblig	s of Florida. Such change was auth	ionzed by	/ the corporation	on's board of directors. I hereby accept the	ie appointment a	s registered	
	in tanina with and accept the oblig	20,000,000,000,000,000,000			-		į.	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: Re	gistered Age	ant signature required	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TITLE .	PD :	☐ DELETE	1.1 TITLE			☐ Cha	nge 🗀 Addition	
NAME	RONDEROS, RAFAEL		1.2 NAME				Ì	
STREET ADDRESS	8220 S.W. 41 ST.		1.3 STREE	T ADDRESS	,		Į	
CITY-ST-ZIP	MIAMI FL	•	1.4 CITY-5	ŞT-ZIP				
TITLE	SD	\	2.1 TITLE		H-Manual Tan at a second secon	☐ Cha	nge 🗌 Addition	
NAME	RONDEROS, GLORIA	^	2.2 NAME	·	•			
STREET ADDRESS			2.3 STREE	T ADDRESS			1	
CTTY-ST-ZDP	MIAMI FL		2.4 CTTY-	ST-ZIP				
TITLE	TD	(X) DELETE	3.1 TITLE			☐ Cha	nge	
NAME	RONDEROS, JOSE R.	()	3.2 NAME				1	
STREET ADDRESS			33 STREE	T ADDRESS			ļ	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE		-	☐ Cha	nge Addition	
NAME		the Comment	4, 2 NAME	= -		مصورات المعجمات	_ =====================================	
STREET ADDRESS		* *	4,3 STREE	ET ADDRESS			}	
CITY-ST-ZIP	·		4.4 CITY-					
TITLE	<u> </u>	☐ DELETE	5.1 TITLE			☐ Cha	nge Addition	
NAME		_	5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADORESS	·			
CITY-ST-ZIP	kan da sayar karanca da s		5.4 CITY-	4				
TITLE	35/5	☐ DELETE	6.1 TITLE			Cha	nge	
NAME .			6.2 NAME				ŀ	
STREET ADDRESS				T ADDRESS			ļ	
				ST-ZIP			1	

14. I hereby certify that the information supplied will this ling 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 disapplemental 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: