

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

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AND  
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95 APR 27 PH 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **M30874**

(5)

1. Corporation Name

**OMTULO, INC.**

Principal Place of Business

1036 S.W. 1ST STREET  
MIAMI FL 33142-6150

Mailing Address

1036 SW 1 STREET  
MIAMI FL 33130  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1986

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1036 S.W. 1 ST.

Suite, Apt. #, etc.

2a. Mailing Address

25

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

27

City & State

28

24 33130

25 U.S.

29

30

Country

4. FEI Number

59-2660016

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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FL ANNUAL REPORT/CANTERA ASSOCIATES INC  
1036 SW 1 ST  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name  
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)

1036 S.W. 1 ST.

83

84

City  
MIAMI

FL

85

Zip Code  
33130

11. Pursuant to the provisions of Sections 607.0102 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 responsibility of Sections 607.0105, Florida Statutes.

SIGNATURE

AMADA C. LOPEZ, PRES.

4/25/95

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DP  
MIRANDA, REGINO B.  
10010 S.W. 25 STREET  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VS  
MIRANDA, NILDA T.  
10010 S.W. 25 STREET  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP  
000001471830  
-05/02/95--01149--025  
\*\*\*\*200.00 \*\*\*\*200.00

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Print Name)