

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M35718

Corporation Name

OLMAGE CORPORATION

2002

Principal Place of Business

2 WEST 39TH PLACE  
HIALEAH FL 33012

Mailing Address

872 WEST 39TH PLACE  
HIALEAH FL 33012

FILED

02 MAY -1 PM 1:29

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CAPOTE, GERARDO  
2601 W. 2 AVE.  
HIALEAH FL 33010

3. Date Incorporated or Qualified

07/24/1986

4. FEI Number

59-2697599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

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

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 agent, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

NATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD  
CAPOTE, GERARDO  
872 WEST 39TH PLACE  
HIALEAH FL

☐ DELETE

SD  
CAPOTE, LEONIGILDA M.  
872 WEST 39TH PLACE  
HIALEAH FL

☐ DELETE

SD  
CAPOTE, LEONIGILDA M.  
872 WEST 39TH PLACE  
HIALEAH FL

☐ DELETE

SD  
CAPOTE, LEONIGILDA M.  
872 WEST 39TH PLACE  
HIALEAH FL

☐ DELETE

SD  
CAPOTE, LEONIGILDA M.  
872 WEST 39TH PLACE  
HIALEAH FL

☐ DELETE

SD  
CAPOTE, LEONIGILDA M.  
872 WEST 39TH PLACE  
HIALEAH FL

☐ DELETE

SD  
CAPOTE, LEONIGILDA M.  
872 WEST 39TH PLACE  
HIALEAH FL

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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, with all other like empowered.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

7/29/2002