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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M35992

(0)

1. Corporation Name
O.T.F. INC.

Principal Place of Business

5305 N.W. 79TH AVENUE
MIAMI FL 33166

Mailing Address

5305 N.W. 79TH AVENUE
MIAMI FL 33166



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FEAL CASIMIRO
5305 N.W. 79TH AVENUE
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number if Not Applicable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1608, 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. The corporation hereby appoints as registered agent, I am familiar with, and accept the obligation of, Section 607.0102, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DPT
FEAL CASIMIRO
4210 SW 4 ST
MIAMI FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VS
FEAL CARMEN
4210 SW 4 ST
MIAMI FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

14. I do hereby certify that the information supplied by this corporation is substantially true and correct and that, for the exemption stated in Section 119.07(3)(a), Florida Statutes, I further certify that the information located 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. I am an officer or director of the corporation or the principal shareholder or shareholder of record of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes filed on an alternate basis as follows:

SIGNATURE:

Feal Casimiro

CASIMIRO FEAL

2/20/96

305-592-0915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)