


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002276 (0)

1. Corporation Name

OMCO, INC.



Principal Place of Business 10680 NW 25 STREET MIAMI FL 33172	Mailing Address 10680 NW 25 STREET MIAMI FL 33172
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3. Date Incorporated or Qualified 04/23/1997	
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
RIVERA, JOHN 10680 NW 25 STREET MIAMI FL 33172	

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

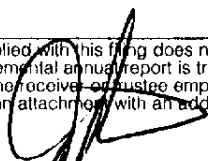
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	John Rivera	1.2 NAME	
STREET ADDRESS	10680 NW 25 Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	Peter Newman	2.2 NAME	
STREET ADDRESS	10680 NW 25 Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	Richard Kolodgy	3.2 NAME	
STREET ADDRESS	10680 NW 25 Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	Jorge Durand	4.2 NAME	
STREET ADDRESS	10680 NW 25 Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



JOHN RIVERA

305-593-0044

CR2E037 (10/97)