FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am § Secretary of State DOCUMENT # P00000016804 1. Entity Name 04-26-2002 90019 030 ***150.00 OMEGA ART, INC. Principal Place of Business Mailing Address OMEGA ART, INC OMEGA ART, INC 1161 SW 26 TERRACE 1161 SW 26 TERRACE FORT LAUDERDALE FL 33312-3019 FORT LAUDERDALE FL 33312-3019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0992164 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLAVE, JORGE Street Address (P.O. Box Number is Not Acceptable) 1161 SW 26 TERRACE FORT LAUDERDALE FL 33312 City Zip Code F۱ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible : 10. - Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition NAME SIERRA, JORGE E PUERTO NAME ARLOS 11615W. ZG TERR STREET ADDRESS 2231 SW 22ND TERR. STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33305 CITY-ST-ZIP T. IAUDERDAE.FIA. TITLE PD ☐ Delete TITLE NAME OLAVE, JORGE NAME STREET ADDRESS 1161 SW 26 TERRACE STREET ADDRESS 2231 sw14st CITY-ST-7iP FORT LAUDERDALE FL 33312-3019 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME AYALA-BARONG, MAHA STREET ADDRESS 2851 NE 183 ST., APT. #1816W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP-CITY-ST-ZIE

SIGNATURE:

URE AND TYPED OR DIRECTOR

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.