FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 SEP 16 AM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088668

1. Entity Name
OYM INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10808 NW 40 ST	10808 NW 40 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL	City & State: SUNRISE FL
Zip: 33351 Country	Zip: 33351 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1137266 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: NESTOR CORONADO
Street Address (P.O. Box Number is Not Acceptable)
7360 CORAL WAY STE 21
City: MIAMI FL Zip Code: 33155

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] Nestor Coronado 9/13/02 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASTILLO, OMAR H
STREET ADDRESS	10808 NW 40 ST
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	VD
NAME	CASTILLO-B, OMAR H
STREET ADDRESS	10808 NW 40 ST
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SD
NAME	BLANCO MIRIAN
STREET ADDRESS	10808 NW 40 ST
CITY-ST-ZIP	SUNRISE, FL 33351

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****300.00 ****150.00

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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Omar H Castillo Pres. 9/13/02

OYM INC
DOC. # P01000088668

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

OMAR H. CASTILLO
DIRECTOR