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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9200006688 (5)

OMNIMEDIA INC.

FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						Company of the control of the contro			
7030 S.W. 74TH ST. MIAMI FL 33143		7030 S.W. 74TH ST. Miami FL 33143-4319							
						3. Date Incorporated or Qualified 11/23/1992		of Last Re 1/1996	port
2. Principal Place of Busines	2a. Mailing Address				4. FEI Number	AF 0074700			
21		26			+			t Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			Election Campaign Financing Trust Fund Contribution	<i>p</i> -1 '				
Zip]	Country Zip Country				1	8. This corporation has liability for intangible tax under s. 199.032,			
24 25	I	29	30	, .				No	
····	nd Address of Current	Registered Agent	 	100		10. Name and Address of New Rec	istered Ag	jent	
DIEZ, FERNANDO				81	Name				
7030 S.W. 74TH ST.				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33143				83					
				B4	City			85 Zip (Code
					` *		FL.	1 1	
	ns of Sections 607.0502 it, or both, in the State of and accept the obligation	and 607.1508, Florida Stat f Florida Such change wa ons of, Section 607.0505,	tutes, the a is authorize Florida Sta	bove d by tutes	 named corporat the corporat 	poration submits this statement for the potion's board of directors. I hereby accept	urpose of c t the appoi	hanging it ntment as	s registered registered
SIGNATURE Signature, typied or	printed name of registered agont	and trie if applicable (N	IOTE: Registere	d Age	ant signature regul	rad when reinstaling)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
THUE PSD		☐ DELETE	1,1 T	ITLE				Change	Addition
NAME DIEZ, FERN	IANDO		1.2 N	IAME					
STREET ADDRESS 7030 S.W.	74TH ST.		1.3 S	TREET	ADDRESS				
CHY-S1-ZIP MIAMI FL			1.4 0	(TY-S	ST-ZIP				
1(1.E		☐ DELETE	2.1 T	_				Change	Addition
N4ME			2.2 N	AME					
STHEFF ADDRESS			2.3 S	TREET	ADDRESS				
CHY-S1-ZP			2 4 0	CITY-	ST-ZIP				
1 ILI		DELETE	31 T	ITLE				Change	Addition
NAME			3.2 N	IAME	}	÷.	1		
STREET ADDRESS			3.3 S	TREET	ADDRESS				
O1Y-S1-7P			3.4. 0	CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 T	ITLE				Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.40	ITY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 T	ITLE				Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	TREET	T ADDRESS				
CITY ST-719			540	ITY-S	ST-ZIP				
TITLE		☐ DELETE	617					Change	Addition
NAME			62 N	IAME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY - ST - ZIP	1		6.4 C	HTY-S	ST-ZIP				
	he information supplied	with this filing does not au				d in Section 119.07(3)(i), Florida Statutes	. I further o	certify that	the

4. I do hereby certily 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 an 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 application with an address.

SIGNATURE:

EANO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 (305)661.5556

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