FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1:	996	1	<i>y</i>	DIVISION O	F CORPOR	ATIO	NS					
OCUM Corporation N	1ENT #	P9300	0052	367	(8)							
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Principal Place o	of Business		Mailing A					, , , , , , , , , , , , , , , , , , , ,				
900 W 74 ST APT 216	T			W 74 ST 216								
HIALEAH FL	. 33014		HIAL	EAH FL 33014	ı			3. Date incorporated or Qu 07/27/1993	ualified		e of Last R 05/01/1	
. Principal Plac	ce of Business		2a. Maili	ng Address				4. FEI Number			▶ — -	Applied For Not Applicable
Cuito Ant #	oto		26 Suite	a, Apt. #, etc.				65-0429440	oirod			Additional
Suite, Apt. #,	, etc.		27	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5. Certificate of Status Des				Required
City & State				& State				6. Election Campaign Final Trust Fund Contribution	-			O May Be d to Fees
Zip		Country	28 Zip		Co	ountry		8. This corporation has liat	bility for in	itangible	tax under s	199.032,
]	25		29		30	1		Florida Statutes 10. Name and Address of	☐ Yes		Agent	
	9. Name an	d Address of Current	Hegistered	Agent		81	Name	10, Italia and Addition o	, , , , , , , , , , , , , , , , , , , ,			
QUNITE	ero, const	ANTINO				82	Street Addr	ress (P.O. Box Number is Not A	Acceptable	Θ)		<u>,</u>
	SIST ST					62						
	201		83							85 2	ip Code	
SUITE								FL I				ID COOL
HIALEA 1. Pursuant to or registere familiar with	AH FL 33012 o the provisions	of Sections 607.0502 th, in the State of Florida he obligations of, Section				لبال		ration submits this statement fo rd of directors. I hereby accept	or the purp the appo	oose of c	hanning its	registered offic
1. Pursuant to or registere familiar with	o the provisions ad agent, or bo th, and accept t		on 607,0505	, Florida Statu	(NOTE: Register	bove-re corpored Ager	named corpor oration's boar	ration submits this statement for rd of directors. I hereby accept ad when reinstating! ADDITIONS/CHANGES		pose of claiment a	hanging its as registere	registered offic d agent. I am ORS IN 12
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ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #