

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:28

DOCUMENT # P93000053893 (2)

1. Corporation Name
OMG, INC.

Principal Place of Business
700 SAN ESTEBAN AVE.
CORAL GABLES FL 33146-1216

Main Address
700 SAN ESTEBAN AVE.
CORAL GABLES FL 33146-1216

DATE TO WRITE IN THIS SPACE

3. Date of Incorporation (For Corporations) 08/03/1993
3a. Date of Last Report 03/08/1994

2. Principal Place of Business
21 315 W. 57 Street
Suite, Apt. #, etc. 14D
City & State New York, NY
Zip 10019 Country

2a. Mailing Address
26 331 W. 57th Street
Suite, Apt. #, etc. #343
City & State New York
Zip NY. Country

4. FEI Number 65-0434351 Applied Fee Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STEINHARDT, CHARLES
STREET ADDRESS	700 SAN ESTEBAN AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	TSDV
NAME	STEINHARDT, HELEN D
STREET ADDRESS	700 SAN ESTEBAN AVE
CITY - ST - ZIP	CORAL GABLES FL 16
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	315 WEST 57th STREET, #14D
1.4 CITY - ST - ZIP	NEW YORK, NY 10019
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	315 WEST 57th STREET, #14D
2.4 CITY - ST - ZIP	NEW YORK, N.Y. 10019
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), 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. I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: *Charles Steinhurd* Charles Steinhurd 2.6.95 212-246-3768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR