FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000055448 (3)**

1. Corporation Name

OPM HOLDINGS OF MIAMI, INC.

Principal Place of Business	Mailing Address
1030 NW 32ND CT APT. 3 MIAMI FL 33125 US	1030 NW 32ND CT APT. 3 MIAMI FL 33125 US

2. Principal Place of Business	2a. Mailing Address
21 1030 NW 32nd Ct	26 1030 NW 32nd Ct
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami FL
24 Zip: 33125 25 Country: DADE	29 Zip: 33125 30 Country: DADE

3. Date Incorporated or Qualified: **08/06/1993**

3a. Date of Last Report: **08/23/1995**

4. FEI Number: **65-0927387** ☐ Applied For ☐ 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

TORTORA, ALEX
1030 NW 32ND CT
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: ALEX TORTORA
82 Street Address (P.O. Box Number is Not Acceptable): 1030 NW 32nd Ct
83
84 City: Miami FL 85 Zip Code: 33125

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: ALEX TORTORA Tortora 8/5/96
Signature, Typed or Printed Name of Registered Agent, and Date (required)

12. OFFICERS AND DIRECTORS

TITLE	SDPV	☐ DELETE
NAME	TORTORA, ALEX	
STREET ADDRESS	1030 NW 32ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE
NAME	TORTORA, ALEX	
STREET ADDRESS	910 NW 36TH AVE., APT. 3	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SDPV	☒ Change ☐ Addition
2.2 NAME	ALEX TORTORA	
2.3 STREET ADDRESS	1030 NW 32 Ct	
2.4 CITY-ST-ZIP	Miami, FL 33125	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tortora 8/5/96 305-591-4685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)