

MP
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000025490 (1)

1. Corporation Name

OMNI EQUITIES CORPORATION

Principal Place of Business

Mailing Address

~~2300 GLADES RD.
SUITE 140
BOCA RATON FL 33431~~

~~1000 QUAYSIDE TERR.
SUITE 2007
MIAMI, FL 33138~~
2300 GLADES RD.
SUITE 140
BOCA RATON FL 33431-7386

3. Date Incorporated or Qualified
04/01/1994

3a. Date of Last Report
10/08/1996

2. Principal Place of Business

21 1000 QUAYSIDE TERR.

Suite, Apt. #, etc.

22 2007

City & State

23 Miami

Zip

24 33138

Country

25

2a. Mailing Address

26 1000 QUAYSIDE TERR.

Suite, Apt. #, etc.

27 2007

City & State

28 Miami

Zip

29 33138

Country

30

4. FEI Number

65-0498460

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 interligible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GLASER, ALLAN M
11900 BISCAYNE BLVD.
SUITE 807
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address

83

84 City

RODOLPH MANN POWELL & CO. P.A.
CERTIFIED PUBLIC ACCOUNTANTS
16100 N.E. 16th AVENUE, SUITE 4
NORTH MIAMI BEACH, FLORIDA 33162

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
SCHAFER, RICHARD

STREET ADDRESS

CITY - ST - ZIP

2300 GLADES RD., SUITE 140 1000 QUAYSIDE TERR.
BOCA RATON FL 33431 SUITE 2007 / MIAMI, FL 33138

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD SCHAFER

Date

Daytime Phone #

CR2034 (9/96)