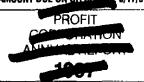
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/07: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042538 (6)

OMNI CONSULTING GROUP, INC.

REINSTATEMENT 1994

Principal Place of Business

APPROVED

97 OCT - 1 AM 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



7020 SW 60TH STREET SUITE 917 SOUTH MIAMI FL 33143 US				2333 BRICKELL AVE. SUITE 917 MIAMI FL 33129				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
	lace of Business	2a.	2a. Mailing Address				4. FEI Number		Applied For		
21 502 RICE ROAD				26 502 RICE ROAD				65-0515677		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required	
City & State 23 ASHEULUE, NC-			28	 				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 2880				Zip Cou 29 28 50 6 30			SA	8. This corporation owes or has paid the current year fntangible Personal Property Tax due June 30. Yes X No			
9. Name and Address of Current Registered Agent							M	10. Name and Address of New Registered Agent			
AUGUST, LAURIE						81 Name					
7020 SW 60TH STREET SUITE 15 07						82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)		
SOUTH MIAMI FL 33143						83	_				
						84	City		FL 85 Z	ip Code	
11. Pursuant to the provisions of Soctions 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 largellar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, yped or printed no	arne of registring higher	مستحرسه	LAU A		AU	5-U-5 8	pres . 7/	<u> 30/97</u>		
12.	Signature, typed or printed to	OFFICERS AND	DIREC	TORS	(401)	13.	an signature re	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	PSTD			☐ DELET	Ε	1.1 TO LE	T		☐ Chang		
NAME	AUGUST, LAURIE				ì	1.2 NAME		يتنبي وللنبغ وللنبغ وللنائي وللنبغ وللنبغ	4450	s Ì	
STREET ADDRESS	7020 SW 60TH S					ADDRESS	7000023118972 -10/03/9701115007 ****750.00 *****750.00				
CITY-ST-ZIP	SOUTH MIAMI FI	<u> </u>				1.4 CHY-5	51 - 7IP	-107037 	1 UU 78777	750 00	
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NAME									ļ		
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NAME						3.2 NAME	4855555			1	
STREET ADDRESS						3.3 STREET				ļ	
CITY-ST-ZIP TITLE				DELET	-	34. C(TY-	51 - ZIP		Charle	ne a la Affilian	
NAME	لي الارداد					4.2 NAME		REINSTATEM	FNT	497	
STREET ADDRESS					i	4.3 STREET	ADDRESS	UNITED IN PION			
CITY-ST-ZIP					1	4.4 CITY - S	- 1		1	}	
TITLE				DELET	<u> </u>	5.1 TITLE		//	11 Baldward	je Addition	
NAME					ľ	5.2 NAME		U			
STREET ADDRESS						5.3 STREET	ADDRESS		[W]192	}	
CITY-ST-ZIP						5.4 CITY-S			17/17	ļ	
TITLE		····		☐ DELF1		6.1 TITLE			Chang	e Addition	
NAME						6.2 NAME				į	
STREET ADDRESS					ı	6.3 STREET	ADDRESS			ľ	
CITY-ST-ZIP						6.4 CITY - 5	1 - 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.

7/30/97 (704)258-5347