

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # **P94000045935**
1. Corporation Name
OLY INTERNATIONAL CONSOLIDATORS, INC.

Principal Place of Business
MIAMI, FLA
Mailing Address
**8395 N.W. 53rd. st.
SUITE 122
MIAMI, FLA, 33166**

3. Date Incorporated or Qualified
JUNE 23, 1994
3a. Date of Last Report
9/16/96
4. FEI Number
65-0500459
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

2. Principal Place of Business
2a. Mailing Address
21. Suite, Apt. #, etc.
26. Suite, Apt. #, etc.
22. City & State
27. City & State
23. Zip
28. Zip
24. Country
25. Country
29. Country
30. Country

9. Name and Address of Current Registered Agent

**CRISTINA ORTEGA
13340 NORTH CALUSA CLUB DRIVE
MIAMI, FLORIDA, 33186**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 *Cristina Ortega*
Signature of type of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **CRISTINA ORTEGA - PRESIDENT**
STREET ADDRESS **13340 NORTH CALUSA CLUB DRIVE**
CITY-STATE-ZIP **MIAMI, FLORIDA, 33186**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
**900002189229
-05/23/97--01006--006
***173.75**

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 as an attachment with an address.

SIGNATURE: *Cristina Ortega*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 594-0105
Date Daytime Phone #

CR2E034 (9/96)