

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000057566

1. Corporation Name

OMAR AUTO SALES, INC.

Principal Place of Business

Mailing Address

4111 Flying Fortress Rd.
Water Wave Village
Kissimmee, Fl. 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified August 1, 1994 3a. Date of Last Report 4/11/95

4. FBI Number 59-3256397 Applied For Not Applied

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 § 199.002, Florida Statutes [] Yes [X] No

2. Principal Place of Business

26. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Briant Rodriguez
858 Longbay Court
Kissimmee, Fl. 34741

81 Name Jose L. Ramos
82 Street Address (P.O. Box Number is Not Acceptable) 833 N. Highland Ave.
83 Orlando, FL. 32803
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 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 of agent or person authorized to act on behalf of corporation. (SEE INSTRUCTIONS) Registered Agent signature required when transferring.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME 14111 Flying Fortress
STREET ADDRESS Kissimmee, Fl. 34741
CITY-ST-ZIP

1.1 TITLE PRESIDENT [X] Change [] Ac
1.2 NAME Maria Del Pilar Alvarez
1.3 STREET ADDRESS 858 Longbay Court
1.4 CITY-ST-ZIP Kissimmee, Fl. 34741

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE 300001545678
2.2 NAME -07/25/95--01031--006
2.3 STREET ADDRESS *****61.50 *****61.50
2.4 CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE [] Change [] Ac
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE [] Change [] Ac
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Ac
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Ac
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(2)(b), 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 or only that I am an officer or director of the corporation or the individual 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

Maria Alvarez