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

PROFIT
CORPORATION A
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400058482 (8)

FILED May 15 1998 8:00am Secretary of State

	OD, INC.	Mailing Address						
9827 SW 184		11890 S.W. 102 STREET						
MIAMI FL 32186 MIAMI FL 33186			•		DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualified		3 SPACE	
					· ·	J		
2. Principal f	Place of Business	2a. Mailing Address			08/09/1994 4. FEI Number			pplied For
	00 SW 56 ST.	26			65-0510434		 	ot Applicabl
Suite, Apt.		Suite, Apt #, etc.			Certificate of Status Desired		\$8.75	Additional
22 2		27		· · · · · · · · · · · · · · · · · · ·	J. Commodis of Clares Desired		Fee R	equired
City & Sta	_	City & State			6. Election Campaign Financing	_		May Be
23 <i>HIA</i>	Country	28	Cour	nte.	Trust Fund Contribution			to Fees
24 FL		Zip	Cour	щу	This corporation owes or has Personal Property Tay due by	•		itangible No
24 7	9, Name and Address of Curre	29 Int Registered Agent	[30]		Personal Property Tax due Ju 10. Name and Address of New I			INO
VA	LDEZ, DORA			81 Name	-4 and manage of HOW		- Agoil	
20314 S.W. 79TH COURT				82 Street Add	dress (P.O. Box Number is Not Accept	able)		
MIAMI FL 33189				63	· · · · · · · · · · · · · · · · · · ·			
			ŀ	DJ				
			ľ	B4 City			85 Zip	Code
11 Duran port	to the provisions of Continue CO7.00	00 and 007 1000 Liveda Ctat.	100 100 00			F		
office or	registered agent, or both, in the State	e of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	ept the a	or changing i ppointment as	iis registered registered
	am t am iliat with, and accept the oblig	gations of, Section 607,0505, F	lorida Statu	ites.				
SIGNATURE	Signature, typed or printed name of registered a,	gend and title diapple; above (NC)	II Registered	Agent signature requ	ured when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 7(7	LE			☐ Change	☐ Addition
NAME	BE AULIEU, MARTHA		1.2 NAI	ME				
STREET ADORESS	11890 S.W. 102 STREET		1.3 SH	REE1 ADDRESS				
CITY-ST-ZIP	MAMI FL 33186			Y-\$1-ZIP				*
TITLE		☐ DELETE	2.1 TITI	1			Change	Addition
NAME			2.2 NAI	·				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DELETE		Y-S1-ZIP				1.0.05*
TITLE		[_] DELETE	3 1 111				☐ Change	Addition
NAME CYDEET ADDRESS			3.2 NA					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. C(1 4.1 Till	Y-ST-ZIP			Change	☐ Addition
NAME		ليا محدداد	4.1 iiii 4. 2 NA				L. Unange	L Addition
STREET ADORESS				ieet address				
CITY-ST-ZIP				Y - ST - ZIP				
TITLE		DELETE	5.1 Till				Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	6.1 1170				Change	Addition
NAME			6.2 NA	AE .			-	
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP				7-ST-ZIP				
	corlify that the information currelect u							

14. Inereby 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 of suppliemental 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 reserver or frustee explowered 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.

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4/28/98