FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000007253 (4)**

1. Corporation Name

OMNI CONSOLIDATORS, INC.

Principal Place of Business

2710 NW 112TH AVENUE
MIAMI FL 33172

Mailing Address

2710 NW 112TH AVENUE
MIAMI FL 33172

3. Date Incorporated or Qualified: **01/27/1995**

3a. Date of Last Report

4. FEI Number: 65-0553966 — 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
21 2706-08 NW 112 AVE
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL
24 Zip: 33172 25 Country: USA

2a. Mailing Address
26 2706-08 NW 112 AVE
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL
29 Zip: 33172 30 Country: USA

9. Name and Address of Current Registered Agent

- **COMPLETE CORPORATE SERVICES, INC.**
- **5200 BLUE LAGOON DRIVE STE. 600**
- **MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name: BADIAK, WILL & KALLEN / JOHN D. KALLEN
82 Street Address (P.O. Box Numbers Not Acceptable): 17071 WEST DIXIE HWY
83
84 City: N. MIAMI BEACH FL 85 Zip Code: 33160

11. Pursuant to the provisions of Section 607.0505 or 617.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change, if any, of registered office is dated or shown below. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X JOHN D. KALLEN — DATE: 3/19/96

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St., Zip	Delete
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, St., Zip	Change / Addition
PRES.	LIROFF, MARTA	10500 NW 26 ST #10V	MIAMI-FL-33172	☐ Change ☑ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

~~SUDDUTTSCHRIFT 03/26/96 01030 -018 ***200.00~~

SUDDUTTSCHRIFT 03/26/96 --01030 --019 ***105.00

14. I hereby certify that the information supplied with this report is true and complete and qualifies for the filing fee as stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the current annual or supplemental report is true and complete 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 is added in Block 13 or a separate attachment.

SIGNATURE: MARTA LIROFF — 3/29/96 — 305 593 3164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)