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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2706-08 112 AVE.
MIAMI FL 33172

Mailing Address

2706-08 112 AVE.
MIAMI FL 33172-1805



3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 10500 N.W. 26 ST

Suite, Apt. #, etc.

22 Ste 102

City & State

23 MIAMI

Zip

24 FL

Country

25 33172

2a. Mailing Address

26 10500 NW 26 ST.

Suite, Apt. #, etc.

27 Ste 102

City & State

28 MIAMI

Zip

29 FL

Country

30 33172

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

9. Name and Address of Current Registered Agent

BADIAK, WILL & KALLEN/ JOHN D. KALLEN
17071 WEST DIXIE HWY
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LIROFF, MARTA
STREET ADDRESS 10500 NW 76TH STREET, #102
CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME JEFFREY LIROFF
1.3 STREET ADDRESS 10500 NW 26 ST Ste 102
1.4 CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE SECRETARY/TREASURER
2.2 NAME MARTA LIROFF
2.3 STREET ADDRESS 10500 NW 26 ST Ste 102
2.4 CITY-ST-ZIP MIAMI FL 33172

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE:

Marta Liroff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97 305 5923164
Date Daytime Phone

CR2E034 (9/96)