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Feb 04 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 # P95000018819 (9)

1. Corporation Name

OMAR BECERRA ENTERPRISES, INC.



Principal Place of Business

7581 W. LANTANA ROAD
LAKE WORTH FL 33467

Mailing Address

7581 W. LANTANA ROAD
LAKE WORTH FL 33467-6455

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

08/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 1336 Russlyn Dr
City & State
23 W. P. B FL
Zip Country
24 33405 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.
27 336 Russlyn Dr.
City & State
28 W. P. B FL
Zip Country
29 33405 30 USA

4. FEI Number

65-0558595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BECERRA, OMAR
7581 W. LANTANA ROAD
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

BECERRA, Omar

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

336 Russlyn Drive

83

84 City

W. P. B

FL

85 Zip Code

33405

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 BECERRA, OMAR
STREET ADDRESS 7581 W. LANTANA RD.
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME BECERRA, Omar
1.3 STREET ADDRESS 336 Russlyn Drive
1.4 CITY-ST-ZIP W. P. B FL 33405

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

Omar Becerra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97 561-588-5750

Date

Daytime Phone #

CR2E034 (9/96)