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 # **P95000021114 (0)**

1. Corporation Name

OMEGA EXPORT, INC.

Principal Place of Business	Mailing Address
~~9501 FONTAINEBLEAU BLVD.~~ ~~#407~~ MIAMI FL	9501 FONTAINEBLEAU BLVD. #407 MIAMI FL

3. Date Incorporated or Qualified: **03/15/1995** | 3a. Date of Last Report:

4. FEI Number: 65-0568701 | ☐ Applied For ☐ Not Applicable

5. Certification 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	2a. Mailing Address
21 10580 NW 27 ST.	26 10580 NW 27ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FLORIDA
24 Zip: 33172 / 25 Country	29 Zip: 33172 / 30 Country

9. Name and Address of Current Registered Agent

MISSAKA, MARCELO
9501 FONTAINBLEAU BLVD.
#407
MIAMI FL 33172

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 607.0202 or 617.1502, 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. The 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MISSAKA, MARCELO		52 NAME	
STREET ADDRESS	9501 FONTAINBLEAU BLVD. #407		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		54 CITY-ST-ZIP	
TITLE		☐ DELETE	55 TITLE	☐ Change ☐ Addition
NAME			56 NAME	
STREET ADDRESS			57 STREET ADDRESS	
CITY-ST-ZIP			58 CITY-ST-ZIP	
TITLE		☐ DELETE	59 TITLE	☐ Change ☐ Addition
NAME			60 NAME	
STREET ADDRESS			61 STREET ADDRESS	
CITY-ST-ZIP			62 CITY-ST-ZIP	
TITLE		☐ DELETE	63 TITLE	☐ Change ☐ Addition
NAME			64 NAME	
STREET ADDRESS			65 STREET ADDRESS	
CITY-ST-ZIP			66 CITY-ST-ZIP	
TITLE		☐ DELETE	67 TITLE	☐ Change ☐ Addition
NAME			68 NAME	
STREET ADDRESS			69 STREET ADDRESS	
CITY-ST-ZIP			70 CITY-ST-ZIP	
TITLE		☐ DELETE	71 TITLE	☐ Change ☐ Addition
NAME			72 NAME	
STREET ADDRESS			73 STREET ADDRESS	
CITY-ST-ZIP			74 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this report or supplemental 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: M Fo M Fo 03/01/96 (305) 593-1744

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

CR2E034 (12/95)