

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000022632 (0)

1. Corporation Name

OLIMPY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

14748 S.W. 56TH STREET  
SUITE 124  
MIAMI FL 33185

14748 S.W. 56TH STREET  
SUITE 124  
MIAMI FL 33185

2. Principal Place of Business

2a. Mailing Address

21 5600 S.W. 135<sup>th</sup> AVE;

26 5600 S.W. 135<sup>th</sup> AVE;

22 Suite, Apt. #, etc.  
104-A.

27 Suite, Apt. #, etc.  
104-A.

23 City & State  
MIAMI - FLORIDA.

28 City & State  
MIAMI - FLORIDA.

24 Zip  
33183

25 Country  
DADE.

29 Zip  
33183

30 Country  
DADE.

9. Name and Address of Current Registered Agent

CASTRO, ANTONIO  
13950 S.W. 16TH STREET  
MIAMI FL 33175

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

FIRST REPORT.

4. FEI Number

65-0866037

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

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 listed applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE  
NAME CASTRO, ANTONIO  
STREET ADDRESS 14748 S.W. 56TH STREET, SUITE 124  
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 5600 S.W. 135 AVE; Suite 104-A.  
1.4 CITY-ST-ZIP MIAMI - FL. - 33183

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO CASTRO - 1/16/96 - (305) 385-9771

Date

Daytime Phone #

CR2E034 (12/95)