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 # **P95000050790 (1)**

1. Corporation Name

O.M.C. INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
% NICOLAS FERNANDEZ. ESQ. 5200 BLUE LAGOON DRIVE. SUITE 430 MIAMI FL 33126 Nicolas Fernandez, P.A. 2655 Le Jeune Rd., PH-1D Coral Gables, Fl. 33134	% NICOLAS FERNANDEZ. ESQ. 5200 BLUE LAGOON DRIVE. SUITE 430 MIAMI FL 33126 Same

3. Date Incorporated or Qualified: **06/29/1995**

3a. Date of Last Report:

4. FEI Number: ☑ 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	2a. Mailing Address
21 **Nicolas Fernandez, P.A.**	26 **Nicolas Fernandez, P.A.**
22 Suite/Apt. # etc. **Gables International Plaza**	27 Suite/Apt. # etc. **2655 Le Jeune Road**
23 City & State **Penthouse 1-D**	28 City & State **Penthouse 1-D**
24 Zip **Coral Gables, FL 33134** 25 Country	29 Zip **Coral Gables, FL 33134** 30 Country

9. Name and Address of Current Registered Agent

FERNANDEZ, NICOLAS ESQ.
5200 BLUE LAGOON DRIVE
SUITE 430
MIAMI FL 33126

ESQUIRE CORPORATE SERVICES, INC.
2655 Le Jeune Rd., PH-1D
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

81 Name: ESQUIRE CORPORATE SERVICES, INC.

82 Street Address (P.O. Box Number Is Not Acceptable): 2655 LEJEUNE ROAD, PH-1D

83 City: CORAL GABLES, FLORIDA 33134

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: Pres. DATE: 4-29-96

Signature of New Registered Agent (required if changing)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FREUND, MARCUS	
STREET ADDRESS	5601 COLLINS AVENUE, UNIT 1607	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	☐ DELETE
NAME	FREUND, OLIVER	
STREET ADDRESS	5601 COLLINS AVENUE, UNIT 1607	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	☐ DELETE
NAME	FREUND, CHRISTOPH	
STREET ADDRESS	5601 COLLINS AVENUE, UNIT 1607	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	400001855984	☐ Change ☐ Addition
6.2 NAME	-06/06/96--01088--031	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Oli Freund 04-29-96

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

Oliver Freund