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FILED  
Aug 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000050790 (1)

1. Corporation Name  
O.M.C. INTERNATIONAL, INC.

Principal Place of Business  
2655 LE JEUNE ROAD  
PENTHOUSE 1-D  
CORAL GABLES FL 33134

Mailing Address  
2655 LE JEUNE ROAD  
PENTHOUSE 1-D  
CORAL GABLES FL 33134-5835

3. Date Incorporated or Qualified  
06/29/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o NICOLAS FERNANDEZ, P.

26

4. FEI Number  
APPLIED FOR 65-0635-644

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24 Zip

Country

29 Zip

Country

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESQUIRE CORPORATE SERVICES, INC  
2655 LE JEUNE ROAD  
PENTHOUSE 1-D  
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME FREUND, MARCUS  
STREET ADDRESS 5801 COLLINS AVENUE, UNIT 1607  
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FREUND, OLIVER  
STREET ADDRESS 5801 COLLINS AVENUE, UNIT 1607  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE D ☐ DELETE  
NAME FREUND, CHRISTOPH  
STREET ADDRESS 5801 COLLINS AVENUE, UNIT 1607  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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:

*M. Freund* (Oliver Freund) 03-15-97

CR2E034 (9/96)