

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

% NICOLAS FERNANDEZ, P.A.  
2655 LE JEUNE RD PH 1-D  
CORAL GABLES FL 33134  
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1995

4. FEI Number

65-0635644

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 C/O Marquez & Fernandez, PA

2a. Mailing Address

26 782 NW Le Jeune Road

Suite, Apt. #, etc.

22 # 548

Suite, Apt. #, etc.

27 # 548

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33126

Country

25

Zip

29 33126

Country

30

9. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC  
2655 LE JEUNE ROAD  
PENTHOUSE 1-D  
CORAL GABLES FL 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)  
782 NW Le Jeune Road # 548

83

84 City Miami

FL

85 Zip Code 33126

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]* 331-58

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 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 Pres., Sec., Tre. ☐ Change ☒ Addition

1.2 NAME Gebhard Freund  
1.3 STREET ADDRESS 5601 Collins Avenue, Unit 1607  
1.4 CITY-ST-ZIP Miami Beach, Florida 33140

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 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; that 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 in an attachment with an address.

SIGNATURE:

*[Signature]*

CR2E034 (10/97)