

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050790

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

782 NW LE JENUE RD
STE 548
MIAMI FL 33126
US

2. Principal Place of Business

20 Nicolas Fernandez, P.

Suite, Apt. #, etc.

22 780 NW LeJeune Rd Ste 324

City & State

23 Miami, Florida

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 780 NW Le Jeune Rd

Suite, Apt. #, etc.

27 Suite 324

City & State

28 Miami, Florida

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
782 NW LE JEUNE RD
STE 548
MIAMI FL 33126

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 the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name

Esquire Corporate Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

780 NW LeJeune Rd

83

Suite 324

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, 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	PST	DELETE
NAME	GREUND, G	
STREET ADDRESS	5601 COLLINS AVE, UNIT 1607	
CITY-ST-ZIP	MIAMI BCH FL 33140	
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	DPST	Change	Addition
2.2 NAME	Freund, Oliver		
2.3 STREET ADDRESS	5601 Collins Ave., Unit 1607		
2.4 CITY-ST-ZIP	Miami Beach, Florida 33140		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90123 049 ***150.00



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