

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000060454 (2)	
1. Corporation Name OMCI, INC.	

Principal Place of Business 2263 S.W. 21ST STREET MIAMI FL 33145	Mailing Address 2263 S.W. 21ST STREET MIAMI FL 33145
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/04/1995	3a. Date of Last Report N/A
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number	☒ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
Zip 29	Country 30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent HARRIS, CHRISTINA D ESQUIRE C/O THE VINCAM GROUP, INC. 2850 DOUGLAS ROAD CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name: CONSUELO, CORALIA 82 Street Address (P.O. Box Number is Not Acceptable) 5590 W 13 CT 83 84 City: HIALEAH FL 85 Zip Code: 33012
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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: *Christina Harris* DATE: 7/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME		12 NAME	PRESIDENT
STREET ADDRESS		13 STREET ADDRESS	TERESITA A. CONSUELO
CITY - ST - ZIP		14 CITY - ST - ZIP	2263 SW 21 ST. MIAMI, FL 33145
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Terresita A. Consuelo* DATE: 7/15/96 305-856-1505

CR2E034 (3/96)