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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtbam 🦠

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066907 (3) OMNIBUS ALIADOS CORPORATION

Principal Place of Business

Mailing Address

6205 Tamiami Canal Road #2 Miami Fl 83126

6295 TAMIAMI CANAL ROAD #2 MIAMI FL 33126-4563

FILED Apr 21 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 08/28/1995		
2. Principal P		ess MIGUEL AN	2a. Mailing Addre E 26 /26/5		L 11	E APPLIED FOR 5-06	65148 Applied For Not Applicable	
22			27	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 CORA		BLES, FL	City & State 28 COMAL Zip	GABLES	FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 231.		25 DADE	29 33134	7. 30 Cour		This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No	
	9, Name	and Address of Curren	t Registered Agent			10. Name and Address of New Re		
RODRIGUEZ, MERCEDES 6295 TAMIAMI CANAL ROAD #2 MIAMI FL 33128					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
	•′				4 City		FL 85 Zip Code	
agent. I a	m familiar wit	ons of Sections 607,050, ent, or both, in the State h, and accept the obligation of printed name of registered age.	of Florida, Such chang alions of, Section 607.0	e was aumorized 505, Florida Statu	by the cor les.	d corporation submits this statement for the poration's board of directors. I hereby acceleration of the country of the countr	purpose of changing its registered of the appointment as registered	
12.	orginatore, 193000	OFFICERS AND		13.	Agent eigherd.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	C111C11C11C11	DEL DEL		 :	VICE PRESIDENT	Change Addition	
NAME	RODRIGUI	EZ, MERCEDES	L	1.2 NAM		AL DEATH COURAL	E3	
STREET ADDRESS	CONE TARREST CANAL DOAD AG				ET ADDRESS	1261 SAN MIGUEL	AVE.	
CITY-ST-ZIP	MIAMI FL 33126					CORAL GABLES, FL	33/34	
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CITY-ST-ZIP	•							
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de 35 - [ET ADDRESS			
CITY-ST-ZIP TITLE			DELE	4.4 CITY				
NAME			F DCEC				Change Addition	
STREET ADORESS				5.2 NAMI			ĺ	
7					E1 ADDRESS			
CITY-ST-ZIP TITLE			DELE	5.4 CITY-				
			L) DEG	- 0.1			Change Addition	
NAME				G.2 NAME				
STREET ADDRESS					T ADDRESS			
OTY ST ZIP				6.4 CITY	ST-ZIP			
information	y certify that i	ine information supplied I this annual report or su	with this filing does no innlemental about rec	t qualify for the ex	emption s	tated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal	. I further certify that the	