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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 10 1998 8:00am Secretary of State

DOCU	MENT # P9500	0075554 (2)			
	OMES, INC.		,			
rnin	OMES' INC'				t 1884 Ste lie (Sie) Siel Stell Stell Stell Stell	
Principal Plac	ce of Business	Mailing Address	Mailing Address			BBOLOHIOL BILOLOHIIK GIBLIGH
15165 NW 7	77TH AVE	15165 NW 77TH AVE				
STE #2000		STE #1002	STE #1002		DO MOT WOITE IN THE	00405
MIAMI FL 33014 US			MIAMI FL 33014 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE
••		03			10/02/1995	
2. Principal Place of Business 2a. Mailing Ad					4, FEI Number	Applied For
21 26					65-0624336	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	10	27				Fee Required
23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip Co		Country	<i>y</i>	8. This corporation owes or has paid the co	urrent year Intangible
24						Yes No
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE SUITE 700			L	. ,		
			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33126			83			
			84	City	· · · · · · · · · · · · · · · · · · ·	las I 7:- Cod-
				1	FI	
l office or i	registered agent, or both, in the State.	of Horida, Such channe was	authorized by	v the cornor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered
agent. I a	am familiar with, and accept the oblig	ilions of, Section 607.0505, F	lorida Statute	S.	and the second of the second o	powitinos do registered
SIGNATURE	Signature by ed or printed manie of mg. terridiage	or as a kittle of second carbon (NO	If Boolstered An	ent eignatura ran	puired when reinstating) DATE	
12.	OFFICERS AND	and the same of th	13.	mit arginatore req	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	OPT DELETE		1.1 TITLE	T		Change Addition
NAME	PANDO, DOMINGO		1.2 NAME	[
STREET ADORESS	15165 NW 77TH AVE, #1002	•	1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL	T or cit	1.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME			
CITY-ST-ZIP			2.3 \$TREET			
TITLE	Acres 1		2 4 CITY - 3.1 TITLE	OL* ZIF		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS	RESS		3.3 STREET	ADDRESS		ŀ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE] DELETE		4.1 TITLE	.]		☐ Change ☐ Addition
NAME			4 2 NAME			
STREET ADDRESS	SS		4 3 STREET	į į		
CITY+ST-ZIP TITLE			4.4 CRY - S 5.1 TITLE	ST-ZIP		Change Addition
NAME	i		5.3 ITILE 5.2 NAME			
STREET ADDRESS	I		5.3 STREET	ADDRESS		
CITY-ST-ZIP	■		5.4 CITY- S			
TITLE			61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - S	T-ZIP		

14. Thereby 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 curporation of 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 12