

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

FILED

Apr 01 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000082274 (8)

1. Corporation Name
OWM CORP.



| | |
|---|--|
| Principal Place of Business 4928 SOUTHWEST 198TH TERRACE FORT LAUDERDALE FL 33332 | Mailing Address 4928 SOUTHWEST 198TH TERRACE FORT LAUDERDALE FL 33332-1130 |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/26/1995 | 3a. Date of Last Report 03/26/1996 |
| 4. FEI Number 65-0617498 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name CHOWDHURY, TAUFIQUEL |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4928 SW 198TH TERR. |
| 83 City Ft. Lauderdale |
| 84 State FL |
| 85 Zip Code 33332 |

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: TAUFIQUEL I. CHOWDHURY DATE: 3/26/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE CHOWDHURY, OWMWATIE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHOWDHURY, OWMWATIE | | 1.2 NAME | |
| STREET ADDRESS 4928 SOUTHWEST 198TH TERRACE | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP FORT LAUDERDALE FL 33332 | | 1.4 CITY - ST - ZIP | |
| TITLE STD | <input type="checkbox"/> DELETE | 2.1 TITLE CHOWDHURY, TAUFIQUEL I | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHOWDHURY, TAUFIQUEL I | | 2.2 NAME | |
| STREET ADDRESS 4928 SOUTHWEST 198TH TERRACE | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP FORT LAUDERDALE FL 33332 | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: TAUFIQUEL I. CHOWDHURY DATE: 3/13/97 DAYTIME PHONE: 305 854 1916

CR2E034 (9/96)