

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083524 (5)

1. Corporation Name

O & M - IMPORT EXPORT, INC.



Principal Place of Business

Mailing Address

7061 GRAND NATIONAL DR
~~SUITE 105B~~
ORLANDO FL 32819

7061 GRAND NATIONAL DR
~~SUITE 105B~~
ORLANDO FL 32819

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 132

27 SUITE 132

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25

30

4. FEI Number

59-3341958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MODELLI, NELSON C
7061 GRAND NATIONAL DR
~~SUITE 105B~~
ORLANDO FL 32819

81 Name

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

83 SUITE 132

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MODELLI, NELSON C
STREET ADDRESS 1722 CHELTENBOROUGH DR
CITY-ST-ZIP ORLANDO FL 32835

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MODELLI, GISELE M
STREET ADDRESS 1722 CHELTENBOROUGH DR
CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME OLIVEIRA, MARIA D
STREET ADDRESS 7061 GRAND NATIONAL DR SUITE 105B
CITY-ST-ZIP ORLANDO FL 32819

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 7061 Grand National Dr. Suite 132
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME OLIVEIRA, JOSE T
STREET ADDRESS 7061 GRAND NATIONAL DR SUITE 105B
CITY-ST-ZIP ORLANDO FL 32819

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 7061 Grand National Dr. Suite 132
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR, PRESIDENT

04/24/96

(407) 363-4400

Date

Daytime Phone #

CR2E034 (12/95)