## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

19	996	DIVISION OF		
OCUM Corporation Na	ENT # <b>P9500</b> 0	0097823 (5	5)	
ALLIED D	DISTRIBUTORS U.S.A., IN	C.		A PROPERTOR THE VEHICLE CANDIDATED A TRANSPORT OF THE PROPERTY
Principal Place of	Business	Mailing Address		
5971 W 14 CT HIALEAH FL 330	nu à	5971 W 14 CT HIALEAH FL 33012		
MALEAN PL 33	VIE.	, , , , , , , , , , , , , , , , , , ,		3. Date incorporated or Qualified 3a. Date of Last Report
				12/28/1995 4 FELNumber Applied For
. Principal Place	e of Business	28, Mailing Address		4. FFI Number Applied For Not Applied For Not Applied For Not Applied For Not Applied For
Suite, Apt. #,	elc	26   Suite, Apt. #, etc.		5 Continue of Status Decired \$8.75 Additional
Suite, Apr. #,	B(0.	27		ree nequired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees
7.0	Country	28   	Country	B. This corporation has liability or intangible tax under s. 199.032.
Ζφ 	25	29	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent	B1 Name	10. Name and Address of New Registered Agent
			1-1	Address (P.O. Box Number is Not Acceptable)
REBULL, ARMANDO JR 5971 W 14 CT			82 Street	Address IF.O. Box Nullifider is Not Address in the Address IF.O. Box Nullifider is Not Address in the Address i
			83	
HIALEAH FL 33012			84 City	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607,050	02 and 607.1508, Florida Stat rida. Such change was autho	rutes, the above named corrided by the corporation's	to the amount of changing its registered
or registered familiar with	d agent, or both, in the State of his i, and accept the obligations of, Sec	rtion 607.0505, Florida Statu	(68) Italiti - Rogoteko Agret squat to	orporation submits this statement for the purpose of changing its registered shoard of directors. Thereby accept the appointment as registered agent. La
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Day\* on Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR