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May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000010216 (5)

1. Corporation Name
OMEGA LOGISTICS, INC.



Principal Place of Business

3045 NW 82ND AVE
MIAMI FL 33122

Mailing Address

3045 NW 82ND AVE
MIAMI FL 33122-1057

2. Principal Place of Business

21 10655 NW 29th Terr.
Suite Apt. #, etc.

2a. Mailing Address

26 10655 NW 29th Terr.
Suite Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33172

Country

25

Zip

29 33172

Country

30

9. Name and Address of Current Registered Agent

LEE, JON K
3045 NW 82ND AVE
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

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

10655 NW 29th Terr.

83

84 City

Miami

FL

85 Zip Code

33172

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

TITLE D
NAME SANTOS, ROSSICLEY C
STREET ADDRESS 2874 OAKMONT
CITY-ST-ZIP FT LAUDERDALE FL 33328

DELETE

TITLE D
NAME CUNHA, CLOVIS B
STREET ADDRESS 2874 OAKMONT
CITY-ST-ZIP FT LAUDERDALE FL 33328

DELETE

TITLE D
NAME LEE, JON K
STREET ADDRESS 15743 NW 11TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

100 Dockside circle
fort lauderdale FL 33327

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

100 Dockside circle
fort lauderdale FL 33327

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 (305) 593 1545

CR2E034 (9/96)