SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000012891 (3)

OMEGA MANUFACTURING CO.,INC.				I (BOYOR) IIO (BIII BIII) Abiii abiii abiii	Gjil Galet tigte liggt tylla 1816) tigt teat
Principal Place		Mailing Address			1111 4 2 5 2 1 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2940 NW 72 AVE 2940 NW 72 AVE MIAMI FL 33122					
MINIMILE 201	4	MIAMI FL 33122		DO NOT WRITE	IN THIS SPACE
İ				3. Date Incorporated or Qualified	3a. Date of Last Report
				02/07/1996 4. FEI Number	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	29 3	0	Personal Property Tax due June	
	9. Name and Address of Currer	it Registered Agent	04 \	10. Name and Address of New Re	_
	, YACHUAN			JANG , CHENG-SI	
2 S BISCAYNE BLVD #2400 82 Street Ad-				iress (P.O. Box Number is Not Acceptal	ble)
MIAMI FL 33131			83	S. BISCAYNE BLUD	<u> </u>
[TE 2600	
			84 City	1IAMI	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.050)2 and 607.1508, Florida Statutes			
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 ST & & M XM CHIANG CHIN- HAN					09/10/97
	Storatore, lypodor priling in or regulated as	on and title if applicable (NOTE: F	Registered Agent signature requ		DATE
12.	OFFICERS AN	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12: Change
TITLE	D OUBLING	□ Defet	1.1 TITLE 1.2 NAME	D CHIANG , CHIN-HA	
NAME STREET ADDRESS	CHIANG, CHIN-SHENG 8245 LAKE DR APT E401		1.3 STREET ADDRESS	2940 N.W 72nd A	11/=
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - ST - ZIP	MIAMI , FL 331	>>
TITLE	MOVIII I L SO 100	DELETE	2.1 THILE	MITHINE / FIC 951	Change Acdition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		1
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELET E	3.1 TITLE	,	Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY - ST - Z(P) 4.1 T(T) LE		Change Addition
NAME		_ otter	4.2 NAME		E Change E Realtion
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change 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 an attachment with an address.

IGNATURE - T. STENSON LIMINA'M CHINHANGO CHIN-HAND DO COLOT (201) 600-0000