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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000024651

O.C. INTERNATIONAL OF MIAMI, INC.							. —			
	• •								8(2(18) (18) (18) 8(8) (18) (18) (18)	
			_ &							
Principal Place of Business Mailing Address										
9528 BAY DRIVE 220 71 ST STREET #213 SURFSIDE FL 33154 MIAMI FL 33141						DO NOT WRITE IN THIS	DACE			
	•							SPACE		
							3. Date Incorporated or Qualifed 03/19/1996			
2. Principal Place of Business		2a. M	2a. Mailing Address				4. FEI Number	Applied For		
21		26	26				65-0676172	N	lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional	
		27					3. Certificate of Status Desired	Fee F	Required	
City & State		c	_ City & State				6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution Added to Fees			
Zip Country		Zi	Zip Country		ry		8. This corporation owes the current year Inta			
24	25	29		30			Personal Property Tax.	□Yes	□No	
	9. Name and Address of Current	Register	ed Agent		A N-		10. Name and Address of New Registered A	gent		
5177	HTO ANCELO			8	1 Na	ne				
PIZZUTO, ANGELO			8	2 Str	et Addre	ss (P.O. Box Number is Not Acceptable)				
1001 BRICKELL BAY DR.			_							
SUITE 1508			8	3						
MIAMI FL 33131			8	4 City	,		85 Zip	Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th							FL		la registered	
l office or ri	egistered agent, or both: in the State C	it Florida.	Such change was au	tnonzea p	y the c	ed corpor prporation	ration submits this statement for the purpose of talenated and of directors. I hereby accept the appoin	tment as i	egistered	
agent. I ai	m familiar with, and accept the obligati	ions of, Se	ection 607.0505, Flori	da Statute	es.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if ap	plicable. (NOTE:	Registered Ag	gent signal	ure required	when reinstating) DATE			
12.	OFFICERS ANI				13.		ADDITIONS/CHANGES TO OFFICERS AN	· -		
TITLE	PTSD		☐ DELETE	1.1 TITLE	Ē			☐ Change	e	
NAME	PERAZZINI, GIULIANO			1.2 NAME	E					
STREET ADDRESS	9528 BAY DRIVE			1.3 STRE	EET ADDR	SS			ļ	
CITY-ST-ZIP	SURFSIDE FL 33154			1.4 CITY	-ST-ZIP					
TITLE	VD		☐ DELETE	2.1 TITLE	Ξ	NP		Change	Addition	
NAME	BRASCHI, ADRIANO			2.2 NAME	E	BRA	CCHI, ADRIANO	1 Tot		
STREET ADDRESS	1111 KANE CONCOURSE	_		2.3 STRE	ET ADDR		OI BRICKELL BAY DR SOM	1300		
CITY-ST-ZIP	BAY HARBOR ISLAND FL 3315	4		2. 4 CITY	-ST-ZIP	HI	AHI FL 33131			
_TMLE _			☐ DELETE	3.1 TITLE	Ē	١,	وللمستعدد الموادي الموادي الموادي	Change	Addition	
NAME										
STREET ADDRESS				3.2 NAMI	E					
	· · · · · · · · · · · · · · · · · · ·			1	E EET ADDR	ess			ľ	
CITY-ST-ZIP				3.3 STRE		ESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	3.3 STRE	EET ADDR /- ST-ZIP	ESS		☐ Change	e Addition	
			□ DELETE	3.3 STRE 3.4. CITY	EET ADDR /- ST-ZIP	ESS		☐ Change	Addition	
TITLE			☐ DELETE	3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAM	EET ADDR /- ST-ZIP			☐ Chango	Addition	
TITLE NAME				3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAW 4.3 STRE 4.4 CITY	EET ADDR (-ST-ZIP E ME EET ADDR -ST-ZIP					
TITLE NAME STREET ADDRESS			□ DELETE	3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	EET ADDR (-ST-ZIP E ME EET ADDR -ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAW 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	EET ADDR (-ST-ZIP E ME EET ADDR -ST-ZIP	ESS				

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

APRIL 20, 1999

☐ Change

☐ Addition

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90176 017 ***150.00