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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000035329 (7)

OLANG USA, INC.

Principal	Place	of	Business
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Mailing Address

## **FILED** May 06 1997 8:00am Secretary of State



1688 MERIDIAN AVENUE Suite Boi Miami Beach Fl 33139		SUITE 801	1688 MERIDIAN AVENUE SUITE 801 MIAMI BEACH FL 33139-2707					
						3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last F	leport
2. Principal Pl	ace of Business	2a, Mailing Addr	ess			4. FEI Number	<b>1</b> 240	pplied For
21		26	26			N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt #,	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	28		Trust Fund Contribution Added to Fees			
Zip	Country				/	8. This corporation has liability for it	ntangible tax under s	. 199.032
24	25	29	30	)			Yes 🔲 No	,
	g, Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered Agent	
KAH	N, HOWARD N			81	Name			
4000	HOLLYWOOD BLVD.			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
SUITE 485 SOUTH HOLLYWOOD FL 33021			83					
	•			84	City		FL 85 Zip	Code
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such chan	ige was aut!	horized bi	y the corpor	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing i t the appointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered	agent and this 4 applicable	(NOT) : B	logistered Ag	ent signature rec	jured when reinstating)	DATE	
12.	OFFICERS (	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	D	☐ DE	LETE	1.1 TITLE			Change	Addition
NAME	MAENZA, JOSEPH			1.2 NAME				
STREET ADDRESS	1688 MERIDIAN AVE. SUITE	801		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 CITY - 9	ST-ZIP			
TITLE	D	DE	LETE	2.1 111LE			Change	Addition
NAME	BIZZOTTO, FIDENZIO		2.2 NAME					
STREET ADDRESS	1688 MERIDIAN AVE. SUITE 801		2.3 \$TREET	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139			2.4 CITY-	S1 - ZIP			
TITLE		□ DE	LETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	S1-ZIP			
TITLE		☐ DE	LETE	4.1 TITLE			Change	☐ Addition
NAME				4. ⊉ NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CHY-5	Į			
TITLE		DE	LETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	LADDRESS			
CITY-ST-ZIP				5.4 CITY - S				ļ
TITLE	<del></del>	□ DI	LETE	6.1 THILE	21-411		☐ Change	Addition
NAME		ب ب		6.2 NAME			criantyc	£
					ADDRESS			]
STREET ADDRESS				6.3 STREET	[			
CITY-ST-ZIP	The state of the s	E 1 30 02 09 1		6.4 CITY - S	st-ZIP			

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 lam 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 organ attachment with an address.