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Jun 06 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 # P96000048939 (8)

1. Corporation Name
OMEGA 2000, INC.

Principal Place of Business
6222 CHAMPLAIN TERRACE
FORT LAUDERDALE FL 33331

Mailing Address
6222 CHAMPLAIN TERRACE
FORT LAUDERDALE FL 33331-2131



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1996		3a. Date of Last Report	
21		26		4. FEI Number 05-0672718		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZPURUA, MONICA MEDINA	1.2 NAME	
STREET ADDRESS	6222 CHAMPLAIN TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, ANGEL MANUEL	2.2 NAME	
STREET ADDRESS	6222 CHAMPLAIN TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, OLGA DE	3.2 NAME	
STREET ADDRESS	6222 CHAMPLAIN TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, LEYLA VANESSA	4.2 NAME	
STREET ADDRESS	6222 CHAMPLAIN TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

CR2E034 (9/96)