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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600008890 O

OMNI LIFT INTERNATIONAL, INC.

APPROVED AND FILED

1997 MAY -6 PM 1: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|-----------------------------------|----------------------|--|------------------------------|
| Principal Piace of Business Mailing Address | | | | | |
| 2748 We | st 79 Street 2 | | | | |
| 2748 West 79 Street 2748 West 79 Street Hialeah Gardens, Florida Hialeah Gardens, Florida | | | | | |
| 33016 33016 | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 33010 | | | | 1 | Sa. Date of Last Report |
| 2 Principal F | Place of Business | 2a. Mailing Address | | 29. October 1996 4. FEI Number | Applied For |
| | | | | Not Applicable | |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 65-0702784 | CD 75 Additional |
| 22 27 | | | | 5. Certificate of Status Desired | 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 i | |
| 24 | 25 | 29 | 30 | 1 | Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| 81 | | | | | |
| The Law Firm of Lawrence J. Spiegel, P.A. | | | | ddress (P.O. Box Number is Not Acceptab | lo) |
| | riLawyer | | DE SHEET A | duress (1.0. box (404)ber is 140) Acceptac | |
| | eria Avenue | | 83 | | |
| Coral Gables, Florida 33134 | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | 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 reinstating) DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | DSTV | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | Raymond J. Casas | | 1.2 NAME | | |
| STREET ADDRESS | 111421 pourtiment 12 lettace | | 1.3 STREET ADDRESS | |] |
| CITY-ST-ZIP | Miami. Florida 33173 | | 1.4 City-ST-ZIP | | |
| TITLE | DP | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | John M. Casas | | 2.2 NAME | | J |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | . • | |
| CITY-ST-ZIP | Miami, Sputhyest 35173 treet | | 2. 4 CITY-ST-ZIP | | |
| TUTE | ∤ | DV DELETE | | | Change Addition |
| NAME | Leonard Morrison | | 3.2 NAME | | |
| STREET ADDRESS | 1425 West 25 Street | | 3.3 STREET ADDRESS | | } |
| CITY-ST-ZIP | Miami Beach, Florida 33140 | | 3.4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| 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 | | ĺ |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | 2144 Kg 1 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | 15-10W. |
| CITY+ST-ZIP | | | 6.4 CITY - ST - 2IP | | 5/* |
| | his certifusthat the information cumplied | with this filing door not qualify | | ted in Section 119 07/3/(i) Florida Statutor | a. I further codify that the |

4. 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 Statutos. 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:

John M. Casas

18/907