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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091913 (9) OMID CORP.

FILED

Apr 25 1997 8:00am

Secretary of State

Principal Place of Business	Mailing Address	i idaised iin ibite attit Atti Atti eatti
2200 B.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33145	2299 S.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33145-3433	

2299 S.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33145			2299 S.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33145-3433			
					3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last Report
2. Principal Place of Bu	siness	2a.	Mailing Address		4. FEI Number	Applied For
21		26			65-0709746	Not Applicat
Suite, Apt. #, etc.		27	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
13		28			Trust Fund Contribution	Added to Fees
Zip	Country		Zip	Country	8. This corporation has liability for in	
24	[25]	29		30]		Yes No
	ne and Address of C	urrent Regist	ered Agent	81 Name	10, Name and Address of New Rec	listered Agent
HAJJAR, MO		EI 000		o) Name		
2299 S.W. 27TH AVENUE 2ND FLOOR		FLOOR		82 Street Ad	dress (P.O. Box Number is Not Acceptable	e)
MIAMI FL 33	145					
				83		
				84 City		85 Zip Code
				<u> </u>	propration submits this statement for the pu	
	pod or printed name of register			L: Registered Agent signature rec		DATE
12.		S AND DIREC		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE D / P	R, MOHAMMAD		DELETÉ	1.1 TOLE	V/S/D	☐ Change ★★Add
NAME HAJJA	n, MUDAMMAU	-UD =: 000	•	1.2 NAME	Hamid Shantiai	
	いい カナエロ ハバこんけん				Mamin Shancial	
4 4 4 4 4 4	W. 27TH AVENUE	SND FLOOR		1.3 STREET ADDRESS		200
CITY-ST-ZIP MIAMI	S.W. 27TH AVENUE FL 33145	SUD FLOOR		1.4 CITY - ST - ZIP		200
CITY-ST-ZIP MIAMI	S.W. 27TH AVENUE FL 33145	2ND FLOOR	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	2299 SW 27 Aye #2 Miami FL, 44145	200
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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 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this apport 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.

CIONATURE.

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