

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000091913 (9)**

1. Corporation Name
OMID CORP.



Principal Place of Business 2299 S.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33145	Mailing Address 2299 S.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 42 NW 27 AVE Suite, Apt. #, etc. 22 309 City & State 23 MIAMI, FL Zip 24 33125 Country 25 DADE		2a. Mailing Address 26 42 NW 27 AVE Suite, Apt. #, etc. 27 309 City & State 28 MIAMI, FL Zip 29 33125 Country 30 DADE		3. Date Incorporated or Qualified 11/07/1996	4. FEI Number 65-0709746 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

**HAJJAR, MOHAMMAD
2299 S.W. 27TH AVENUE 2ND FLOOR
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name	MOHAMMAD HAJJAR
82 Street Address (P.O. Box Number is Not Acceptable)	42 NW 27 AVE
83	SUITE 309
84 City	MIAMI
85 Zip Code	FL 33125

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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/16/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	HAJJAR, MOHAMMAD	1.2 NAME	MOHAMMAD HAJJAR
STREET ADDRESS	2299 S.W. 27TH AVENUE 2ND FLOOR	1.3 STREET ADDRESS	42 NW 27 AVE, SUITE 309
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VSD	2.1 TITLE	SECRETARY
NAME	HAMID, SHANTIAI	2.2 NAME	HAMID SHANTIAI
STREET ADDRESS	2299 SW 27 AVE #200	2.3 STREET ADDRESS	42 NW 27 AVE, SUITE 309
CITY-ST-ZIP	MIAMI FL 44145	2.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE		3.1 TITLE	TREASURER
NAME		3.2 NAME	MAHMOUD RAHMAN PARAST
STREET ADDRESS		3.3 STREET ADDRESS	42 NW 27 AVE, SUITE 309
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: 

DATE: **4/16/98**

CR2E034 (10/97)