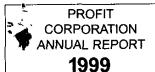
05-05-1999 90178 017 ***150.00

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





FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P96000094825 |
|---------------------|---------------|
| 1. Corporation Name | . 000000 1020 |

PERBTANI, AMIR

8710 NW 3RD STREET **PEMBROKE PINES FL 33024**

| OHMAR ENTERPRISES INC. | | | | |
|---|--------------------------|--|--|--|
| Principal Place of Business | Mailing Address | t lastings his intil neith seith | | |
| 15686 NW 22ND AVENUE 782 NW LEJEUNE ROAD SUITE 434 MIAMI FL 33126 | | DO NOT WRITE IN THIS SPACE | | |
| | | 3. Date Incorporated or Qualifed 11/20/1996 | | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number Applied For | | |
| 21 | 26 | 65-0714947 Not Applicable | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certifcate of Status Desired Sa.75 Additional Fee Required | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip Country | Zip Country | 8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes □ No | | |
| | Current Registered Agent | 10. Name and Address of New Registered Agent | | |

as the current year Intangible □No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

Zip Code 84 85 City 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.

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Name

| -3 | | | | | |
|---|--|-------------------------------|--------------------------------|------------|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature re | equired when reinstating) DATE | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | | | | | |
| TITLE | P DELETE | 1.1 TITLE | ☐ Change | Addition | |
| NAME | PERBTANI, AMIR | 1.2 NAME | • | | |
| STREET ADDRESS | 8710 NW 3RD STREET | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | 1.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 2.1 TITLE | Change | ☐ Addition | |
| NAME | | 2.2 NAME | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change | Addition | |
| NAME | | 3.2 NAME | | } | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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 | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | Change | ☐ Addition | |
| 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, with all other like empowered.

SIGNATURE:

Applied For Not Applicable \$8.75 Additional