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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097540 (4)

ONNI, INC.

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Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



14850 SW. 43 LANE 14850 S.W. A3 LANE MIAMI FL 13185 33185 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 245 SB 1st STREET 26 Not Applicable 65-0715991 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 SUITE 234 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MAMI Added to Fees 28 Trust Fund Contribution Country Zio Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TAMMELA, TATIANA 14850 S.W. 43 LANE Street Address (P.O. Box Number is Not Acceptable) **B2 MIAMI FL 33185** 83 City 84 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 (NOT: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. PSTD DELETE 11 1016 Change Addition TITLE TAMMELA, TATIANA NAME 1.2 NAME 14850 S.W. 43 LANE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33185** CITY-ST-ZIP 1.4 CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE DA CUNHA, CESAR PINTO NAME 2.2 NAME 14850 S.W. 43 LANE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33185** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - 7/P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-2IP DELETE ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 coporation 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 13.45 Thangedor on an attachment with an address. \(\)