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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101617

1. Corporation Name

OMNI REALTY, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90196 034 ***150.00



Principal Flace of Business Mailing Address						- 1 1083/1997 (LR 1021) ORIGIN ORIGIN 15011 BOTHY STORY STORY TODA			
7249 N.W. 36TH		7249 N.W. 36TH COURT							
MIAMI FL 33147		MIAMI FL 33147							
						DO NOT WRIT	EIN IIIIS	SPACE	
						3. Date Incorporated or Qualifed			
<u> </u>		T 2 - 44-95- Add				12/17/1996 4. FEI Number			Applied For
	ace of Business	2a. Mailing Address							No. Applicable
Suite, Apt.	tt otc	Suite, Apt. #, etc.				65-0716122			Additional
22	#, etc	27				5. Certifcate of Status Desired			Re juired
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				8. This corporation owes the curre	nt year Inta	ngibje	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren:	Registered Agent				10. Name and Address of New R	egistered A	Agent	
				81 Na	ame				ì
	FE, MELVIN ESQ.		- 1	82 St	treet Addres	ss (P.O. Bo): Number is Not Acceptal	ble) .		
	N.W. 36TH COURT		Ĺ				<u> </u>		
MIAN	MI FL 33147		1	83					1
			1	84 Ci				85 Z	p Code
				- 1	•		<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State c	and 607.1508, Florida Statutes	s, the abo	ove-na	med or roor	ration submits this statement for the part of directors. I hereby accept	ourpose of o	changing stment as	its registered registered
agent, Lai	m familiar with, and accept the obligate	ons of, Section 607.0505. Florid	da Statut	tes.	corpornation				i
SIGNATUFE	Signature, typed or printed na ne of registered agent	1 WOLFE					1-20 T	<u> 99</u>	
	Signature, typed or printed name of registered agent	and title if applicable (NOT E. F	Registered A	lgent sign	nature required v	when reinstating) ADDITIONS/CHANGES TO OFF			
12.	OFFICERS AND	DELETÉ	1.1 TITL			ADDITIONS/GHANGED TO GIT	OEAO AIN	Chang	
TITLE	_	C3 percit	1.2 NAME		1				
NAME	KATTAN, ABRAHAM 7249 N.W. 36TH COURT			⁄ii⊏ !EEŤADOI	npece				
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CITY-ST-ZIP	MIAMI FL 33137	· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIF	- 1				
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NAME	l		4. 2 NA	ME					j
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CITY-ST-ZIP			4.4 CIT)	Y-ST-ZIP					
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NAME			5.2 NAM	ΜE					
STREET ADDRESS	1 		53 STR	REETADD	RESS]
CITY-ST-ZIP				Y-ST-ZIP	·				
TITLE		☐ DELETE	6.1 TITL					Chang	e 🔲 Addition
NAME			6.2 NAN						
STREET ADDRESS				REET ADD					ļ
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y-ST-ZIP	·				

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 of ritify 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy

CR2E034 (11/98)