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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P9700003069 (6)

O.M.G. INDUSTRIES, INC.

| 16115 SOUTHWEST 117TH AVENUE. SUITE A27 16115 SOUTHWEST 117 MIAMI FL 33177 MIAMI FL 33177 | th avenue, suite a27 |
|---|----------------------|

FILED Jun 10 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1997 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED even lbourne 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 City Zip Code Miam, 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 Ite ide. 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD DELETE Change Addition TITLE 11700 E034 (**GOULBOURNE, STEVEN A** NAME 1.2 NAME 16115 SOUTHWEST 117TH AVENUE, SUITE A27 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33177** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. City-St-ZiP DELETE Change Addition 4.1 THILE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE 400002556664 6.2 NAME NAME -06/11/98--01046--038 STREET ADDRESS 63 STREET ADDRESS ***15月. 自自 6.4 CITY - ST - ZIP 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 employered to exploute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challege, or on an attachment with an adverses.