PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700003069

1. Corporation Name

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O.M.G. INDUSTRIES, INC.

Principal Place of Business	Mailing Address
16115 SOUTHWEST 117TH AVENUE. SUITE A27 MIAMI FL 33177	16115 SOUTHWEST 117TH AVENUE. SUITE A27 MIAMI FL 33177
2. Principal Place of Business	2a. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State

28 Country Country Zip 30

29 25 . 9. Name and Address of Current Registered Agent

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90263 016 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

01/10/1997 4, FEI Number

NOT APPLICABLE

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

16115 SW 117 AVE A-27		82	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33177			-							
		84	City		FL		Code			
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was author m familiar with, and accept the obligations of, Section 607.0505, Florida	rized by i	-named corporation su he corporation's board	bmits this stateme of directors. I her	ent for the purpose of one of the purpoint accept the appoint the	changing its tment as re	s registered egistered			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis	stered Agen	signature required when reinsta	ating)	DATE					
12.	Signature, types of printed tissue of together or agent and the signature of the signature	13.			S TO OFFICERS AN	D DIRECTO	ORS IN 12			
TILE	PSTD DELETE	1.1 TITLE				☐ Change				
VAME		1.2 NAME								
STREET ADDRESS		1.3 STREET	ADDRESS							
CITY-ST-ZIP		1.4 CITY-ST	- ZIP							
MTLE		2.1 TITLE				Change	☐ Addition			
VAME		2.2 NAME								
STREET ADDRESS		2.3 STREET	ADORESS							
CITY-ST-ZIP		2. 4 CITY+S	r-ZIP							
TITLE		3.1 TΠLE				☐ Change	☐ Addition			
NAME		3.2 NAME								
STREET ADDRESS		3.3 STREET	ADDRESS							
CITY-ST-ZIP		3.4. CITY-S								
MLE		4.1 TITLE				Change	Addition			
NAME		4. 2 NAME ~								
STREET ADDRESS		4.3 STREET	ADDRESS							
CITY-ST-ZIP	•	4 4 CITY-S1	-ZIP							
TITLE		5.1 TITLE				Change	Addition			
NAME		5.2 NAME		**		9.				
STREET ADORESS		5.3 STREET	ADDRESS							
CITY-ST-ZIP	,	5.4 CITY-\$1	-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							
311 1-31-4IF	partify that the information cumplied with this filing does not qualify for the	evemnti	on stated in Section 11	9.07(3)(i). Florida	Statutes, I further cert	ify that the	information			

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 19.07(3)(i). Florida Statutes, I intriner certify that the information indicated on this annual report or suppliemental annual report is true and exemption stated in Section 19.07(3)(i). Florida Statutes, I intriner certify that it 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 of an attachment with an address, with all other like empowered. officer or director of the corporation or Block 12 or Block 13 if changed or or

SIGNATURE: