

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P97000011708**  
1. Corporation Name

**INTERNATIONAL OMEGA GROUP, INC.**

|                                               |                                               |
|-----------------------------------------------|-----------------------------------------------|
| Principal Place of Business                   | Mailing Address                               |
| <b>7976 NW 162 Street<br/>Miami, FL 33016</b> | <b>7976 NW 162 Street<br/>Miami, FL 33016</b> |

DO NOT WRITE IN THIS SPACE

|                                    |  |                                    |  |                                                                                                                                                                 |  |
|------------------------------------|--|------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business     |  | 2a. Mailing Address                |  | 3. Date Incorporated or Qualified<br><b>February 5, 1997</b>                                                                                                    |  |
| 21 <b>7976 NW 162 Street</b>       |  | 26 <b>7976 NW 162 Street</b>       |  | 4. FEI Number<br><b>65-0727692</b>                                                                                                                              |  |
| 22 Suite, Apt. #, etc.<br><b>-</b> |  | 27 Suite, Apt. #, etc.<br><b>-</b> |  | Applied For<br>Not Applicable                                                                                                                                   |  |
| 23 <b>Miami, Florida</b>           |  | 28 <b>Miami, Florida</b>           |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                 |  |
| 24 <b>33016</b> <b>USA</b>         |  | 29 <b>33016</b> <b>USA</b>         |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |  |
|                                    |  |                                    |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

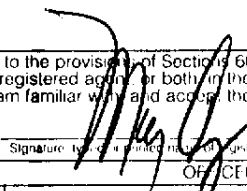
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Mary Cruz**  
**7976 NW 162 Street**  
**Miami, Florida 33016**

|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| 81 Name                                               | <b>Mary Cruz</b>          |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>7976 NW 162 Street</b> |
| 83                                                    |                           |
| 84 City                                               | <b>Miami</b>              |
| 85 Zip Code                                           | <b>FL 33016</b>           |

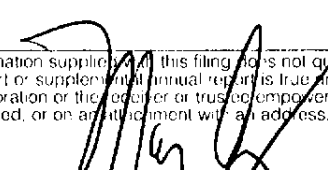
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  **MARY CRUZ** **3/24/98**  
(NOTE: Registered Agent signature required when reinstating)

|                            |                                                             |                                                       |                                                                   |
|----------------------------|-------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | <b>Secretary</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Jose Abbad</b>                                           | 1.2 NAME                                              | <b>Secretary</b>                                                  |
| STREET ADDRESS             |                                                             | 1.3 STREET ADDRESS                                    | <b>Jose Luis Esteve</b>                                           |
| CITY-ST-ZIP                |                                                             | 1.4 CITY-ST-ZIP                                       | <b>7976 NW 162 Street</b>                                         |
| TITLE                      | <b>Treasurer</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Orlando Fernandez</b>                                    | 2.2 NAME                                              | <b>Treasurer</b>                                                  |
| STREET ADDRESS             |                                                             | 2.3 STREET ADDRESS                                    | <b>Pedro Sanchez</b>                                              |
| CITY-ST-ZIP                |                                                             | 2.4 CITY-ST-ZIP                                       | <b>4520 SW 68 Ct Circle #2</b>                                    |
| TITLE                      | <input type="checkbox"/> DELETE                             | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                             | 3.2 NAME                                              | <b>Miami, FL 33155</b>                                            |
| STREET ADDRESS             |                                                             | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                             | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                             | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                             | 4.2 NAME                                              | <b>200002477052- -9</b>                                           |
| STREET ADDRESS             |                                                             | 4.3 STREET ADDRESS                                    | <b>-04/02/98 --01075--022</b>                                     |
| CITY-ST-ZIP                |                                                             | 4.4 CITY-ST-ZIP                                       | <b>****158.75 ****158.75</b>                                      |
| TITLE                      | <input type="checkbox"/> DELETE                             | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                             | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                             | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                             | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                             | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 on this filing 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 officer 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.

SIGNATURE:

 **MARY CRUZ** **3/24/98** **(801) 3628294**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)