

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90053 036 \*\*\*150.00

DOCUMENT # P97000012029

1. Corporation Name

ORGANISATION ET EXPLOITATION DES MARCHE INTERNAT  
IONAL, INC.

Principal Place of Business

Mailing Address

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

65-0728487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1103 FLORIDA AVE.

26 1103 FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 4

27 SUITE 4

City & State

City & State

23 PALM HARBOR FL

28 PALM HARBOR FL

Zip Country

Zip Country

24 34683 25

29 34683 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROJAS, MARCO E  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

81 Name ROSE M. JENKINS

82 Street Address (P.O. Box Number is Not Acceptable)

1103 FLORIDA AVE., STE. 4

83

84 City PALM HARBOR FL

85 Zip Code 34683

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME DEMMA, CLAUDE  
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305  
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
3931 SURFSIDE BLVD  
CAPE CORAL, FL 33914

☒ Change ☐ Addition

TITLE D  
NAME DEMMA, MARIE CLAUDE  
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305  
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D  
3931 SURFSIDE BLVD  
CAPE CORAL, FL 33914

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-99

CR2E034 (1/1/98)