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

DOCUMENT # P97000041875

1. Corporation Name

OMICRON TRADING, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90049 042 ***150.00



ı											
Principal Place of Business Mailing Address									13811140		
10631 S.W. 21ST LANE 10631 S.W. 21S			` Lane								
MIAMI FL 33165	MIAMI FL 33165	FL 33165				DO NOT WRITE IN THIS SPACE					
							3. Date incorporated or Qualifed				
ı							05/05/1997				
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number			App	lied For
21		26					65-0753661			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>				5. Certificate of Status Desired				dditional
22		27					5. Certificate of citatus besired		Fe	e Red	quired
City & State	e	City & State					6. Election Campaign Financing				May Be
23		28					Trust Fund Contribution			ded to	Fees
Zip	Country	Zip		intry			8. This corporation owes the curre	nt year Inta	angible ☐ Yes		ZeNo I
24	25		30				Personal Property Tax. 10. Name and Address of New Re	nistered A			
	9. Name and Address of Curren	Registered Agent	• • • • • • • • • • • • • • • • • • • •	81	Nam	e	10. Hattle and Address of New Ite	giotorour	190		
VAZQUEZ, LUIS J											
10631 S.W. 21ST LANE				82 Street Add			ss (P.O. Box Number is Not Acceptate	e)			
MIAMI FL 33165				83	ļ			-			
•											
				84	City			FL	85	Zip C	ode
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized rida Stati	t by utes	tne cor	poration	s board of directors. I hereby accept	the appoir	ntment	as reg	istered
	Signature, typed or printed name of registered agen OFFICERS AN		Registered	Agen	nt signatur	e required v	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRE	CTO	RS IN 12
12. TITLE	PD	D DIRECTORS DELETE	1.1 77	n F			ADDITIONO/OFFICE TO CIT		☐ Cha		Addition
NAME	VAZQUEZ, LUIS J		1.2 N					~			}
STREET ADDRESS	10631 S.W. 21ST LANE				T ADDRES	s					
CITY-ST-ZIP	MIAMI FL 33165		1		T-ZIP						
TITLE	VPD DELETE			2.1 TITLE					☐ Cha	ange	Addition
NAME			2.2 N	2.2 NAME							1
STREET ADDRESS	10631 S.W. 21ST LANE		2.3 S1	REET	T ADDRES	s					1
CITY-ST-ZIP	MIAMI FL 33165		2 4 0	iTY-S	ST-ZIP	1				••	
TITLE		☐ DELETE	3.1 TI	TLE					Ch	ange	☐ Addition
NAME			3.2 N/	AME							
STREET ADDRESS			3.3 \$1	TREET	TADDRES	s					
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP						
TITLE		☐ OELETE	4 1 TI	TLE					☐ Ch	ange	Addition
NAME			4. 2 N	AME							ļ
STREET ADDRESS			4.3 \$1	TREET	TADDRES	S					
CITY-ST-ZIP			_	_	T-ZIP		· · · · · · · · · · · · · · · · · · ·			3000	☐ Addition
TITLE		☐ DELETE	5.1 TF			Ì			Ch:	ange	☐ Addition (
NAME			5.2 N		T 40000	_					
STREET ADDRESS					TADORES	N)					
CITY-ST-ZIP		☐ DELETE	54 C		T-ZIP				☐ Ch	ange	Addition
TITLE			6.2 N			}					
NAME					TADDRES	is					

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/suppliemental 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 tristee 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR