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

P97000053337 (6) DOCUMENT

OLIMAR CORPORATION

Principal Place of Business	Mailing Address
1100 NW 82ND AVE PEMBROKE PINES FL 33024	1100 NW 92ND AVE PEMBROKE PINES FL 33024

FILED Apr 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1997

2.	Principal Plac	rincipal Place of Business					2a. Mailing Address					4. FEI Number X Applied For	
21							26					65-0815572 Not Applicable	
	Suite, Apt. #.	etc.			L	Suite, Apt. #, etc.				5.		5. Certificate of Status Desired \$8.75 Additional	
22					27							Fee Required	
L	City & State					City & State						6. Election Campaign Financing \$5.00 May Be	
23		· 			26	28						Trust Fund Contribution Added to Fees	
	Zıp		_	Country	-	h						6. This corporation owes or has paid the current year Intangible	
24 25 25 Current P						29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent GABRIELLA DORIS CIOLI								81		Name	IV. Hallie and Addiess of Herr Hegistated Agent		
	1100 NW 92ND AVE												
PEMBROKE PINES FL 33024								82 Street Address (P.O. Box Number is Not Acceptable)					
PEMONUNE PINES PL 33024								83					
										Ĺ			
								84	(City	FI 85 Zip Code		
41	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 Statutes, the appointment corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligatiops of, Section 607.0505, Florida Statutes.												
l													
SI	SIGNATURE Signature, typod or graph name of regulated agent and that if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE DATE												
13				OFFICERS AND				13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
717	LE	PD		·			DELETE	1.1	TITLE			Change Addition	
NA.	ME .	JOSE L	.UIS	DELLEPERE LACA	SSA	GNE		1.21	NAME				
ST	REET ADDRESS	1100 N	W 9	2ND AVE				1.3	STREET	AD	ODRESS		
-	Y-ST-ZIP	PENDONE DINCO EL ANALE							CITY - S	T - 2	ZIP		
TiT		\$					DELETE		TITLE			Change Addition	
NA.	ME I	GABRIE	LLA	DORIS CIOLI				2.21	MAME				
ST	REET ADDRESS	1100 N	W 9	2ND AVE				2.3	STREET	AD	DRESS		
CH	Y-ST-ZIP	PEMBR	OKE	PINES FL 33024				2 4	CITY - S	ST-	ZIP		
TIT	LE	T					DELETE	3.1	TITLE			Change Addition	
NA	ME	CATALI	na i	elena dellepere				3.2	NAME		1		
ST	REET ADORESS	1100 N	W 9	2ND AVE						AD	oress		
CIT	Y-S1-ZIP	PEMBR	OKE	PINES FL 33024				3.4.	CITY-S	ST	ZIP		
TIT	LE						DELETE	4.1	ITLE			Change Addition	
NA	ME [4. 2	NAMÉ				
ST	REET ADORESS							4.3 :	STREET	AD	DRESS		
CIT	Y-ST-ZIP							4.4	CITY-S	1-2	ZIP		
ŢIŢ	LE T		_				DELETE	5.1	TITLE			Change Addition	
NA	ME							5.2	NAME				
SI	REET ADDRESS							5.3	STREET	AD	ORESS		
Cil	Y-ST-ZIP							54	CITY-S	T- 2	ZIP		
TŧT	LE						☐ DELETE	61	TITLE		j	☐ Change ☐ Addition	
NA	ME							6.21	MAME				
ST	REET ADDRESS							6.3	STREET	AD	idress		
	Y-ST-ZIP					***			CITY-S				
14	indicated on	thic pnou	ıal ra	nort or cumplemental	annı	nonor le	ic true and	accurate a	ad the	at i	my signature	ection 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an	
ı	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.												
	BIOCK 12 Of I	DIOCK 13 I	ıı cna		7		1	,					
C	IGNATU	RF:		660	lit	llb((Sept	120	Eci	U	e	2-18-98	
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