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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P97000057647
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**OMC CORPORATION** 

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90011 049 \*\*\*150.00



	of Business							
3550 BISCAYNE BLVD. STE. 304		3550 BISCAYNE BLVD. STE. 304 MIAMI FL 33137		DO NOT WRITE	IN THIS SPACE	:		
MIAMI FL 33137		MININI FE DOTO.				114 11115 01 7102		
					3. Date Incorporated or Qualifed			1
					06/30/1997		Applied	Eor
2. Principal Plac	es of Business	2a. Mailing Address			4. FEI Number			
2. Phincipal Plat	C6 OL Brisiliess	26			65-0791829	- 60	Not App	
1		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additi ee Require	
Suite, Apt. #,	, etc.	27			S. Certificate of States 2 5 1 1			
2		City & State			6. Election Campaign Financing		<b>.00</b> May	
City & State		28			Trust Fund Contribution	A	ided to Fe	es
3	Country	Zip	Country	у	8. This corporation owes the current	it year Intangible	_,	. )
Zip	Country	— · ·	30		Personal Property Tax.		<u> </u>	NO
4	25		<del></del>		10. Name and Address of New Re	gistered Agent		
	9. Name and Address of Curr	ent Registered Agent	81	Name	<del></del>			}
	COURT DO			ļ	D. D. Alimberia Not Accordab	la)		
RIVAS	S, OSVALDO		82	2 Street Addr	ress (P.O. Box Number is Not Acceptab	10)		
	BISCAYNE BLVD. STE. 304		83					
MAIM	II FL 33137		0.	3				
			84	4 City		FL  85	Zip Code	e
					- A fantha n		ing its reg	istered
44 Burniant to	o the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the pion's board of directors. I hereby accept	the appointment	as regist	ered
office or re	gistered agent, or both, in the Sta	ate of Florida. Such change was at	uthorized b rida Statute	y the corporati	ion's Spard of disease. I make y			
agent. I an	n familiar with, and accept the obi	ligations of, Section 607.0505, Flor	,			•		
					_			
SIGNATURE					ed when reinstating)	DATE		
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE			ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTORS	IN 12
SIGNATURE	OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS	Registered Ag	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTORS hange	IN 12
	OFFICERS PT	agent and title if applicable. (NOTE	13.	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTORS	IN 12 Addition
12.	OFFICERS PT RIVAS, OSVALDO	agent and title if applicable. (NOTE AND DIRECTORS  DELETE	13. 1.1 TITLE	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTORS hange	IN 12
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empowered to execute this report as required by Chapter 607, Florida Statutes; and that my address, with all other like empowered. indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or on an attachment with a

SIGNING OFFICER OR DIRECTOR