

FLORIDA DEPARTMENT OF STATE

Katherina Harris

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P97000081193**1. Corporation Name

OMNI RETAIL GP, INC.

Principal Place of Business 3250 MARY ST., 5TH FL. MIAMI FL 33133 Mailing Address

3250 MARY ST., 5TH FL. MIAMI FL 33133

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90031 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business   2a. Mailling Address   4. FEIN Number   Applied   A						3. Date incorporated or Qualifed		
Suite, Apt. #, etc.  Suite, Ap	0 D	of Pusings	2a Mailing Address			09/18/1997  4 EEI Number Applied For		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Cerificate of Status Desired   S8.75 Address   See Required   S8.75 Address   See Required   S8.75 Address   See Required   S8.75 Address   S8.75	<b>─</b> '	ace of Business	<u> </u>					
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   City   Country   City   Country   City   Country   City   Country   City   City	Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		<del>.</del>	5 Continue Desired \$8.75 Additional		
Zip		•		***		6. Election Campaign Financing \$5.00 May Be		
9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  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 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, 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, or home trained in registered agent and site is applicable.  SIGNATURE Signature, typed or protect name of registered agent and site is applicable.  PO			- <del></del>	0		77001 0110 01111		
9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's burbnits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's burbnits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's burbnits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's burbnits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's burbnits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's burbnits this statement for the purpose of changing its regist of the purpose of change in the pu	— <u> </u>		·					
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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 regist 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 approximate agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed rame of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstalling)   DATE		5. Haine and Address of Current	, registered Agent	- 1	11 Name			
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 regist 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 approximate agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed rame of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstalling)   DATE	CORPORATION SERVICE COMPANY							
TALLAHASSEE FL 32301-2525    83				1	82 Street Address (P.O. Box Number is Not Acceptable)			
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 regist 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, byeed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when remstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  D OLEETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ADDRESS OF TEMPLING, W. PETER  3250 MARY ST., 5TH FL.  MIAMI FL 33133  TITLE  D OLEETE  13. TITLE  S TEMILING, W. PETER  3250 MARY ST., 5TH FL.  MIAMI FL 33133  TITLE  D OLEETE  22.1TITLE  D OLEETE  31.1TILE  D Change  Change  TITLE  D OLEETE  31.1TILE  D CHANGE  TITLE  D CHANGE  TITLE  D CHANGE  41.1TILE  CHANGE  TITLE  D CHANGE  TITLE  D CHANGE  TITLE  D CHANGE  41.1TILE  CHANGE  TITLE  D CHANGE  THE THE TITLE  D CHANGE  THE THE TITLE  D CHANGE  THE THE TITLE  THE THE THE TITLE  THE	·				13			
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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:

W. Peter Temling, VP

1/13/99

(305) 445-4200

Daytime Phone #

:R2E034 (11/98