

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90039 026 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000081193

1. Entity 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**

34013473



01202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0791983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PELTZ, ARVIN
3250 MARY STREET SUITE 500
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WEISER, SHERWOOD M
3250 MARY ST., 5TH FL.
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LEFTON, DONALD E
3250 MARY ST., 5TH FL.
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOWARD, FRANK
CARNIVAL CORP 3655 NW 87 AVE
MIAMI, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARISON, MICKEY
CARNIVAL CORP 3655 NW 87 AVE
MIAMI, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
TEMLING, W PETER
3250 MARY ST 5 FL
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERWOOD M. WEISER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2004 305-445-2493
Date Daytime Phone #