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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90047 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104707

1. Corporation Name

OMA DESIGN CONSULTING, INC.

Principal Place of Business

~~8201 N.W. 66 STREET, SUITE 10~~
~~MIAMI FL 33166~~

Mailing Address

~~8201 N.W. 66 STREET, SUITE 10~~
~~MIAMI FL 33166~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

65-0799539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1876 N. University Dr

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 101-0

City & State

City & State

23 PLATATON, FL

Zip Country

Zip Country

24 33322 25 US

29 30

9. Name and Address of Current Registered Agent

OMANA, ANA

~~8201 N.W. 66 STREET, SUITE 10~~

~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1876 N. University Drive

Suite 101-0

83 City

PLATATON

FL

85 Zip Code

33322

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. 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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **OMANA, ANA**

STREET ADDRESS **8201 N.W. 66 STREET, SUITE 10**

CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VPD** ☐ DELETE

NAME **GOMEZ, JOSE LUIS**

STREET ADDRESS **8201 N.W. 66 STREET, SUITE 10**

CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1876 N. University Drive

PLATATON, FL 33322

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1876 N. University Drive

PLATATON, FL 33322

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

(954) 474-1337

CR2E034 (1/98)