

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90059 027 ***150.00

DOCUMENT # P98000032167

1. Corporation Name
OLLIMAC INDUSTRIES INC.

Principal Place of Business
3445 NW 55TH ST.
FT. LAUDERDALE FL 33309

Mailing Address
3445 NW 55TH ST.
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

2. Principal Place of Business

21 1223 Fairlake Trace
Suite, Apt. #, etc. #809

22 City & State
Weston, FL

23 Zip 33326 Country USA

24 33326 25 USA

2a. Mailing Address

26 1223 Fairlake Trace
Suite, Apt. #, etc. #809

27 City & State
Weston, FL

28 Zip 33326 Country U.S.A.

29 33326 30 U.S.A.

4. FEI Number

65-0862269

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

9. Name and Address of Current Registered Agent

TARTAMELLA, CAMILLO
3445 NW 55TH ST.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name TARTAMELLA, CAMILLO
82 Street Address (P.O. Box Number is Not Acceptable)
1223 Fairlake Trace
83 #809
84 City WESTON FL 85 Zip Code 33326

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-99

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME TARTAMELLA, CAMILLO
STREET ADDRESS 3445 NW 55TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V
NAME TARTAMELLA, FRANK
STREET ADDRESS 3445 NW 55TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE T
NAME TARTAMELLA, ROSE
STREET ADDRESS 3445 NW 55TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME TARTAMELLA, CAMILLO
1.3 STREET ADDRESS 1223 Fairlake Trace #809
1.4 CITY-ST-ZIP Weston, FL 33326

2.1 TITLE V
2.2 NAME TARTAMELLA, Frank
2.3 STREET ADDRESS 1223 Fairlake Trace #809
2.4 CITY-ST-ZIP Weston, FL 33326

3.1 TITLE T
3.2 NAME TARTAMELLA, ROSE
3.3 STREET ADDRESS 1223 Fairlake Trace #809
3.4 CITY-ST-ZIP Weston, FL 33326

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99

954-384-4841

CR2E034 (11/98)

0307948