

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  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90039 029 \*\*\*150.00

DOCUMENT # P98000087432

1. Corporation Name

ODAGA CORPORATION

Principal Place of Business  
POST OFFICE BOX 14-0217  
CORAL GABLES FL 33114

Mailing Address  
POST OFFICE BOX 14-0217  
CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

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

2a. Mailing Address

21 20024 NW 85 AVE  
Suite, Apt. #, etc.

26 20024 NW 85 AVE  
Suite, Apt. #, etc.

23 City & State  
Miami FL

28 City & State  
Miami FL

24 Zip 33015 25 Country USA

29 Zip 33015 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, IRMA  
2004 N.W. 85TH AVENUE  
MIAMI FL 33015

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GARCIA, ODALYS  
STREET ADDRESS 2004 N.W. 85TH AVENUE wrong address  
CITY-ST-ZIP MIAMI FL 33015

TITLE STD ☐ DELETE

NAME GARCIA, IRMA  
STREET ADDRESS 2004 N.W. 85TH AVENUE wrong address  
CITY-ST-ZIP MIAMI FL 33015

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. NO CHANGES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME GARCIA ODALYS ☒ RECTIFICATION ADDRESS

1.3 STREET ADDRESS 20024 NW 85th Avenue ADDRESS

1.4 CITY-ST-ZIP MIAMI, FL 33015

2.1 TITLE STD ☐ Change ☐ Addition

2.2 NAME GARCIA IRMA ☒ RECTIFICATION ADDRESS

2.3 STREET ADDRESS 20024 NW 85th Ave ADDRESS

2.4 CITY-ST-ZIP MIAMI FL 33015

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 F. M. RED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26/99

Date

(305) 829-4641

Daytime Phone #

0176896  
CR2E034 (11/98)