

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 07, 1999 8:00 am
Secretary of State

04-07-1999 90123 038 ***150.00

DOCUMENT # P98000091702

1. Corporation Name

O.M.C. HOLDINGS, INC.

Principal Place of Business

**C/O MARQUEZ & FERNANDEZ, P.A.
782 N.W. LE JEUNE RD., SUITE 548
MIAMI FL 33126**

Mailing Address

**C/O MARQUEZ & FERNANDEZ, P.A.
782 N.W. LE JEUNE RD., SUITE 548
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1998

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

**C/O Nicolas Fernandez, P.A.
Suite, Apt. #, etc.
780 NW LEJEUNE Rd Ste 324**

2a. Mailing Address

**780 NW Le Jeune Rd
Suite, Apt. #, etc.
Suite 324**

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33126

Country

25 USA

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

**ESQUIRE CORPORATE SERVICES, INC.
782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI FL 33126**

10. Name and Address of New Registered Agent

**81 Name
Esquire Corporate Services, Inc.**

**82 Street Address (P.O. Box Number is Not Acceptable)
780 NW Le Jeune Rd**

83 Suite 324

84 City

Miami

FL

85 Zip Code

33126

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

Ana Perez Fernandez

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPS**

STREET ADDRESS **Freund, Gebhard**

CITY-ST-ZIP **5601 Collins Avenue, Unit 1607**

Miami Beach, Florida 33140

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

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

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99

CR2F034 (1/98)