Mailing Address 740 OCEAN DRIVE

SUITE 216

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000096137

1. Corporation Name

Principal Place of Business

740 OCEAN DRIVE SUITE 216

INTERNATIONAL OMEGA CONSTRUCTION CO.

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90193 034 ***158.75



DO NOT WRITE IN THIS SPACE

MIAMI BEACH FL 33139		MIAMI BEACH FL 33139			BOTTOT TIME STAGE	
					3. Date Incorporated or Qualifed 11/06/1998	
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number Applied For	
21 . 3 3		26 19333 NW 2	ર્ન <i>Β</i> .	venue	65-0877492 Not Applicabl	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22	•	27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State	~·· · ·	,	6. Election Campaign Financing \$5.00-May-Be	
23		28 North Miam	<u>ii 15</u>	each	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29 33 169 30	F		Personal Property Tax. Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
4110			81	Name		
ALLISON, JOHN R III			82 Street Address (P.O. Box Number is Not Acceptable)			
100 S.E. SECOND STREET						
SUITE 3350			83			
MAIM	VI FL 33131-2151		84	City	85 Zip Code	
			104	City	FL (3)	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the abov	e-named cor	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes	ine corporas	monto poula of alloutero. I heroby absolute appointment of registered	
SIGNATURE						
	Signature, typed or printed name of registered age			nt signature requir	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	P	BASABE, Fabian	
NAME	ALLISON, JOHN R III		1.2 NAME			
STREET ADDRESS	100 S.E. SECOND STREET, SI	UITE 3350		TADDRESS 7	40 Ocean Drive	
CITY-ST-ZIP	MIAMI FL 33131-2151		1.4 CITY-S	T-ZIP M	liami Beach, FC 33/39	
TITLE		☐ DELETE	2.1 TITLE	20	ecretary / Treasury Change Additi	
NAME			2.2 NAME	0	RISMEUL, Daniel	
STREET ADDRESS				مغا	140 Ocean Driva 1601: Thank Fe 33139	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	1- M1 1>xxxxxx	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			32 NAME	Ì		
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TM.E		☐ Change ☐ Additi	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			44 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additi	
NAME	•		5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP		
					Section 110 07/3/i) Florida Statutos I further certify that the information	

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 informatic 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: