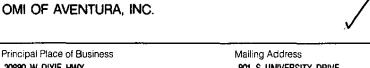
UNIFORM	BUSINESS REPORT
DOCUMENT #	P99000041604
<ol> <li>Entity Name</li> </ol>	



20880 W DIXIE HWY MIAMI FL 33180

Zip

SUITE 102

SIGNATURE

CORAL GABLES FL 33134

**801 S UNIVERSITY DRIVE** SUITE K103A PLANTATION FL 33324

The	OMI G	roup. Inc.	
Cuito Ant H ata		erce Parkway	
City & State	Suite	100 State	

4. FEI Number



Weston, FL 283326 6. Name and Address of Current Registered Agent MARIO R. DELGADO, P.A.

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

2000 PONCE DE LEON BLVD

	 7.	Name and	Address	of Nev
ame				

5. Certificate of Status Desired

w Registered Agent

DATE

Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

65-0919016

3.	The above named entity submits this statement for the purpose of changing its regist	ered office or registered ag	gent, or both, in the S	State of Florida. I	am familiar with, a	and accept
	the obligations of registered agent.					

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSTD** TITLE TITLE ☐ Addition ☐ Delete NAME ACOSTA, NELSON NAME 801 SOUTH UNIVERSITY DRIVE, SUITE K103A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental report is true and adequate 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 en trustee embewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all girle the empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition