FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

OCUM Corporation N								
•	DEVELOPERS INC.							
incipal Place of	of Business	Mailing Address			- I HELLER OU BIION ILIIL OFFIL OU			(B)(01011 (U01
8003 S. DIXIE		BOOS S. DIXIE THIGHWA	ιΥ	41				
SUITE 203	BACH DEVELOPERS.	INC. SUITE 200 BACH	1 DEVE	LOPERS, IN				
MIAMI PL 3314	43 2801 SW 31 AV. "A MIAMI, FL 33133	MINIMITATE DO 143 2	BUT SYV MIAMI.	31 AV. "A" FL. 33133	3. Date Incorporated or Qualified 05/16/1991	3a. Date of \(\Omega\)?	Last Rep 31/199	
-2		2a. Mailing Address			4, FEI Number	00/		pplied For
Principal Plac	be of Business	26			65-0267929	AMVA		ot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State City & State					6. Election Campaign Financing			May Be
City & State		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability fo		ınder s	199.032,
	25	29	30		Florida Statutes	s No	ent	
	9. Name and Address of Currer	nt Hegistered Agent		81 Name	10. Hame and Place			
MENEON	I AADMEN				ess (P.O. Box Number is Not Accepta	ahle)		
MEHECH, CARMEN 8603 S. DIXIE HWY.					SSS (F.O. BOX MULLIDELIS MOT ACCOUNT			
SUITE 20	BACH D	DEVELOPERS, INC. 1 SW 31 AV. "A"		83				
MIAMI EL	2801	1 SW 31 AV. "A"		84 City			85 Zip	Code
	··· MIA	AMI, FL 33133		' '	ation submits this statement for the p	<u>FL</u>		
GNATURE s	Signature, typed or printed name of registered ager OFFICERS AN	ND DIRECTORS	13.	d Agent signature required	when reinstating: ADDITIONS/CHANGES TO O		OIRECTO	RS IN 12
TLE	D	DELETE	1.1			Ц	Change	L) Addition
ME		CH DEVELOPERS, II 2801 SW 31 AV. "A"	12 NCJ 12 N	AME TREET ADDRESS				
REET ADDRESS	8603 S. DIXIE +1WY-#203 MIAMLEL	MIAMI, FL 33133	, I	ATY-ST-ZIP				
IY-ST-ZIP ILE	MINISTE	DELETE	2 1				Change	Addition
AMÉ			2.21	IAME				
REET ADDRESS			2.3 9	THEET ADDRESS .	•			
1Y-S1-ZIP		ET DELETE		CITY-ST-ZIP	-AU-2/ With - Al-2 - Al	П	Change	Addition
TLE		☐ DELETE		TITLE NAME				
AME				STREET ADDRESS				
TREET ADDRESS			l	CITY - ST - ZIP				
TV-ST-ZIP		DELETE		TITLE			Change	Addition
ι M E			4.2	NAME				
REET ADDRESS				STREET ADDRESS				
TY-ST-ZIP		DELETE		CITY-ST-ZIP TITLE			Change	Addition
TLE		☐ DELETE		NAME		_		
ME				STREET ADDRESS				
REET ADDRESS				CITY+ST-ZIP				
HY-ST-ZIP ITLE		DELETE		TITLE] Change	☐ Addition
AME			6.2	NAME				
REET ADDRESS			63	STREET ADDRESS				
1 Y - ST - ZIP		1 34 M 2 FF 2 1 1 1 7 7	raighad an	CHY-ST-ZIP	for the exemption stated in Section 1	19.07/3)(k) Flor	ida Statu	ites. I further
	by certify that the information supplie	o with this filing is voluntarily fu	rnisned an Inual repor	ມ ບວຍຣ not quality t is true and accur	for the exemption stated in Section 1 ate and that my signature shall have his report as required by Chapter 607	the same legal of	effect as	f made under
 I do hereb certify that 	at the information indicated on this ar	ingal report or supplemental or			the reservation as a section of the Observation COT	Elorido Statuto	e and th	at my name
certify that	them an officer or director of the cor	moration or toe receiver of trus	IGG GUDDON	ered to execute th	nis report as required by Chapter 607	, Florida Statute	s; and th	at my name
certify that	t I am an officer or director of the con n Block 12 or Block 13 if charged, o	moration or toe receiver of trus	IGG GUDDON	ered to execute th	nis report as required by Chapter 607	,		-2242