Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90233 017 ***150.00

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

DOCUMENT # **S55678**

1. Corporation Name

O.M.T. ENTERPRISES, INC.

Principal Place of Business Mailing Address						- Indicate ten arrest arrest enter tener arrest arrest delet arrest arre			
9782 S.W. 133		9782 SW 133TERR							
MIAMI FL 3017	6	- SUITE 8 130 -	MIAMI FL 33176		DO NOT WE	DO NOT WRITE IN THIS SPACE			
		MIAMI FL 331/6 US			3. Date Incorporated or Qualified				
		••			05/24/1991	-			
2 Princips LP	lace of Business	2a, Mailing Address			4. FEI Number Applied F			lied For	
21		— ·	26		65-0266718	718 Not Applic		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$1	\$8.75 Additional		
22		27 りをレミナ	27 DELETE		5. Certificate of Status Desired	5. Certificate of Status Desired Fee Re		₂ uired	
City & Sitat	te	City & State	City & State		6. Election Campaign Financing	\$	5.00	May Be	
23		28			Trust Fund Contribution		Added to	Fees	
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible				
24	25	29	30		Personal Property Tax.			□No	
	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New	Registered Agen	<u>.t</u>		
* /**	DEC 0004D #4 ID			81 Name					
TORRES, OSCAR M., JR.				32 Street A	ddress (P.O. Box Number is Not Accep	table)			
	2 S.W. 133 TERR								
MIAN	/II FL 33176			83				,	
				84 City		85	Zip C	ode	
				City		FL °°			
SIGNATUF:E	Signature, typed or printed name of registers	obligat ons of, Section 607.0505, F			ired when reinstating)	DATE			
12.	OFFICER	S AND DIRECTORS	13.		ADDITEONS/CHANGES TO C				
TITLE	P	☐ DELETE	1.1 TITL	E		□(Change	Addition	
NAME	TORRES, OSCAR M., JR.		1.2 NAM	KE					
STREET ADDRESS	9782 S.W. 133 TERR		13 STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI FL			/-ST-ZIP					
TITLE	VP	☐ DELETE	2.1 TITL	E			Change	Addition	
NAME	TORRES, MARIA DE CARM	IE .	2.2 NAM	E .					
STREET ADDRESS	9782 SW 133RD TERR		2.3 STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 <u>CIT</u>	Y-ST-ZIP					
TITLE		☐ DELETE	3.1 T/T	E			Change	Addition	
NAME	1		3.2 NAA	RE .					
STREET ADDRESS			33 STR	EET ADORESS					
CITY-ST-ZIP			3 4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4 1 TITL	E			Change	☐ Addition	
NAME			4.2 NA	VIE					
STREET ADDRESS			4.3 STR	EET ADDRESS					
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP				<u></u> -	
TITLE		DELETE	5.1 TITL	E			Change	Addition	
NAME			5.2 NAM	Æ					
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL	E			Change	Addition	
NAME			6.2 NAM	fE .					
STREET ADDRESS	i		6.3 STR	EET ADORESS					

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 corpora ion 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.

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10127 4/12/99