

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S77341** (3)  
1. Corporation Name  
**OTEMO, INC.**

Principal Place of Business

1104 S.W. 131 PL. CIRCLE NORTH  
MIAMI FL 33184

Mailing Address

1104 S.W. 131 PL. CIRCLE NORTH  
MIAMI FL 33184



2. Principal Place of Business  
21 **5956 WEST 16**  
Suite, Apt. #, etc.  
22 **AV. 9**  
City & State  
23 **HALEAH**  
Zip  
24 **33012** Country  
25 **USA**  
26 **5956 WEST**  
Suite, Apt. #, etc.  
27 **16 AV.**  
City & State  
28 **HALEAH**  
Zip  
29 **33012** Country  
30 **USA**

3. Date Incorporated or Qualified  
**08/28/1991**  
3a. Date of Last Report  
**10/20/1995**  
4. FEI Number  
**65-0280578**  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HIDALGO, BEATRIZ**  
1104 SW 131 PL CIRCLE NORTH  
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name **JESUS MORILLO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5956 WEST 16 AV.**  
83  
84 City **HALEAH** FL 85 Zip Code  
**33012**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

**04/10/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MORILLO, JESUS	AVE URDANETA/ESQ CANDILI	CARACAS, VENEZUELA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JESUS MORILLO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/10/96**  
Date

Daytime Phone #

CR2E034 (12/95)