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		85 (6)			
		HOLDINGS, INC.			E JARRI MILALI MAIN ANIAN ANIAN ANIAN ANIAN	ATOTE ETREL OLOTT ALOTT ATOTE BEET 1881
Pı	rincipal Place o	f Business	Mailing Address			
2770 N.W. 24TH STREET MIAMI FL 33142			2770 N.W. 24TH STREI Miami FL 33142	ET .		
					12/18/1991	a. Date of Last Report 03/14/1995
	. Principal Plac	e of Business	2a. Marling Address		4. FEI Number 65-0306140	Applied For Not Applicable
21	Suite, Apt. #,	eto	Suite, Apt #, etc.			\$8.75 Additional
22]	2007	27		5. Certificate of Status Desired	Fee Required
	City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Ζφ	Country	28 Zip	Count y	This corporation has liability for intar	
24		25	29	30		No
		9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regi	stered Agent
				81 Name		
	DOBIN, (82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	4555 ADAMS AVENUE MIAMI BEACH FL 33140			83		
	ins will O			84 City		85 Zip Code
			700	as the about paged carea	ration submits this statement for the purposed of directors. Thereby accept the ampoint	FL se of changing its registered office
1	ne englishere	id accet or both in the State of E	502 and 607.1506, Florida Stardi florida: Such change was authoriz Section 607.0506, Florida Statutes	ECLOV THE COLDOLATION & DOG	ration submits this statement for the purpose and of directors. Thereby accept the appoint	ment as registered agent. Lanı
١.		n, and accept the obligations of, S				
1	SIGNATURE	Signature, typestor produkt alle (4 mg dise til		Tr. Eligistees à Alicht sepliat de respire.		DATE OF AND DIDECTORS IN 19
-	12.	OFFICERS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
1	TITLE AME	DOBIN, DAVID M		1.2 NAME		
	STREET ADDRESS	4555 ADAMS AV		1.3 STR ET ADDRESS		
1	DITY-ST ZIP	MIAMI BCH FL		1.4 C(T) - ST_Z(P)		and a second second
T	IIT LE	PTD	☐ DELEJE	2 1 TIT £		Change Addition
	NAME	DUENAS, ROBERTO M.		2.2 NAME		
1	STREET ADDRESS	2770 NW 24 ST		2 3 STREET ADDRESS		
-	CITY-SI-ZIP	MIAMI FL	T DELETE	2.4 CiTY - ST - ZIP 3.1 TiT E		Change Addition
	TITLE NAME			3.2 NAME		
1	STREET ADDRESS			3.3 STREET ADDRESS		
-	CITY-ST-ZIP			34 CiT (+ S1-7-P		
_	TITLE		☐ DELETE	4 1 TIT.É		Change [] Addition
	NAME :			4.2 NAME		
	STREET ADDRESS			4.3 STPEEL ADDRESS		
_	CITY - ST - ZIP		DELLE	4.4 C/T (· S1 · Z/P		Change Addition
- [TITLE		☐ DELETE	5 1 THUE 52 NAME		<u> </u>
	NAME			5.3 STREET ADDRESS		
	STREET ADDRESS			5 4 CH1* - ST - ZIP		
_	CHY-ST-ZIP TITLE		DELE1E	6 1 Ti 1E		☐ Change ☐ Addition
	NAME			. 62 NAVIE		
- 1	STREET ADDRESS			6 RISTMEET ADDRESS		
	C RECEIVED AND THE CO.	1		E 4 CH 2 CT 210		

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and coes 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 eath; 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.

SIGNATURE:

TATURE THE TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (12/95)