


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90178 040 ****61.25

DOCUMENT # N27681

1. Entity Name
OSO PROPERTIES, INC.



Principal Place of Business Mailing Address
P O BOX 680748 P O BOX 680748
ORLANDO FL 32868 ORLANDO FL 32868

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2949349** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~RIVERA, DONNA SGT.~~ ANA FERNANDEZ
~~100 S. HUGHEY AVE~~ 1411 TROVILLION AVE.
~~ORLANDO FL 32801~~ WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ana Fernandez* ANA FERNANDEZ 3/31/03
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCLURE, GLENDA	
STREET ADDRESS	1730 SHILOH LN	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ANA	
STREET ADDRESS	513 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WARD, KAREN	
STREET ADDRESS	390 N ORANGE AVE STE 600	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DE LA OSA, JORGE	
STREET ADDRESS	200 S ORANGE AVE STE 2300	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN WARD	
STREET ADDRESS	390 N. ORANGE AVE. ST. 600	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE de la OSA	
STREET ADDRESS	7380 SAND LAKE ROAD, ST. 600	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUDREY HOUSER	
STREET ADDRESS	92 WEST MILLER STREET	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN KERIVAN	
STREET ADDRESS	7007 SEA WORLD DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIN WILKINSON	
STREET ADDRESS	4660 S. HAMPTON DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ana Fernandez* **REQUIRED** ANA FERNANDEZ 3/31/03 407-826-8949

CR2E037 (10/02)