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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000015973 (7)

1. Corporation Name
OSCAR FOLIAGE RENTAL CORP.



Principal Place of Business
**12505 S.W. 94TH TERRACE
 MIAMI FL 33186**

Mailing Address
**12505 S.W. 94TH TERRACE
 MIAMI FL 33186-1889**

3. Date Incorporated or Qualified 02/27/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0559077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4920 S.W. 64TH PLACE Suite, Apt. #, etc.	2a. Mailing Address 26 4920 S.W. 64TH PLACE Suite, Apt. #, etc.
22 City & State 23 MIAMI - FL	27 City & State 28 MIAMI - FL
24 Zip 33155 Country U.S.A.	29 Zip 33155 Country U.S.A.

9. Name and Address of Current Registered Agent ARELLANO, OSCAR 12505 S.W. 94TH TERRACE MIAMI FL 33186		10. Name and Address of New Registered Agent	
81 Name ARELLANO, OSCAR	82 Street Address (P.O. Box Number is Not Acceptable) 4920 S.W. 64TH PLACE	83	84 City MIAMI
		85 Zip Code FL 33186	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in both 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]* **OSCAR ARELLANO** DATE: **1-20-97**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input type="checkbox"/> DELETE	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARELLANO, OSCAR		1.2 NAME ARELLANO, OSCAR	
STREET ADDRESS 12505 S.W. 94TH TERRACE		1.3 STREET ADDRESS 4920 S.W. 64TH PLACE	
CITY-ST-ZIP MIAMI FL 33186		1.4 CITY-ST-ZIP MIAMI - FL 33186	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 applicable, or on an attachment with an address.

SIGNATURE: *[Signature]* **OSCAR ARELLANO** DATE: **1-20-97**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)