

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 04 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 # P96000012859 (0)
 1. Corporation Name
OFFICE USA FRANCHISE SERVICES, INC.



Principal Place of Business: **015 N.W. 57TH AVENUE SUITE 484 MIAMI FL 33126**
 Mailing Address: **615 N.W. 57TH AVENUE SUITE 484 MIAMI FL 33126-2042**

2. Principal Place of Business 21 6812 N.W. 77 Court		2a. Mailing Address 26 6812 N.W. 77 Court		3. Date Incorporated or Qualified 02/09/1996	3a. Date of Last Report
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number APPLY FOR	
23 City & State Miami, Florida		28 City & State Miami, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 * 33166	25 USA	29 33166	30 USA	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					

9. Name and Address of Current Registered Agent BESU, ROGER 815 N.W. 57TH AVENUE SUITE 484 MIAMI FL 33126				10. Name and Address of New Registered Agent			
81 Name				82 Hector J. Mir			
83 815 N.W. 57TH AVENUE SUITE 484 MIAMI FL 33126				82 Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road			
				83 Suite 1107			
				84 City Coral Gables, FL			
				85 Zip Code 33134			

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, 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: Hector J. Mir **Hector J. Mir** **4/30/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/W/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESU, ROGER	1.2 NAME	GIRALDO LEYVA
STREET ADDRESS	815 N.W. 57TH AVE. SUITE 484	1.3 STREET ADDRESS	6812 N.W. 77 Court
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	AURELIO A. LEYVA
STREET ADDRESS		2.3 STREET ADDRESS	6812 N.W. 77 Court
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HECTOR J. MIR
STREET ADDRESS		3.3 STREET ADDRESS	2655 Le Jeune Road, Suite 1107
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
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 changed, or on an attachment with an address.

SIGNATURE: Hector J. Mir **Hector J. Mir** **4/30/97** (305) 444-0460

CR2E034 (9/96)