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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthand

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073455 (2)

OSIS REMODELING ENTERPRISES, INC.

FILED
Mar 03 1998 8:00am
Secretary of State



08/19/1997

2, Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			4. FEI Number 07 5 96 8 7 Not Applicab		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27			Fee Required		
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23 28					Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country	Country 8. This corporation owes or has paid the current year Intangible			
24 25 29 30							
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
GUERRERO, OMAR				Name			
	9 EAST 3 STREET		82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	ALEAH FL 33010				, , , , , , , , , , , , , , , , , , , ,		
THE SECOND SECTION SEC				83			
,			-	0'1	Int. 7in Code		
١.			84	City	FL 85 Zip Code		
11 Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Sta	tutes, the abov	e-named corp	poration submits this statement for the purpose of changing its registere		
l ⊿ office or r	enistered agent, or both, in the State of	of Florida. Such chan ce wa	is authorized by	/ the corporati	tion's board of directors. I hereby accept the appointment as registered		
agent la	m familiar with, and accept the obliga	tions of, Section 607.0505,	Fiorida Statutes	5.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if annicable (N	OTF: Registered Apr	ant signature require	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIPLE			1.1 TITLE		Change Addition		
	OMINE GUERER	Preside			_ • _		
NAME - ADDRESS	959 G. 351	(16210)	1.3 STREET	ADODECC			
STREAT ADDRESS	OMPR GUERRES 959 G. 35T Hialent FL. 3.	3010					
CITY+ST-ZIP		DELETE	1.4 CiTY-5 2.1 TITLE	51 - 217	Change Addition		
TITLE		L. Detter					
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP	w	DELETE	2. 4 CITY -	ST-ZIP	Change Addition		
TITLE		C DECEIE	3.1 TITLE		C Orlange		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. C/TY-	ST-ZIP			
TrTLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 C(TY-5	ST-ZIP			
TITLE		DELETE	5.1 THTLE		Change Addition		
NAME			5.2 NAME		500002445905**** 50000 -03/03/9801078017		
STREET ADDRESS			5.3 STREET	ADDRESS	~U3/U3/38~~U1U(8~~U1(
CITY-ST-ZIP			5.4 C(TY-5		***150.00		
TITLE		DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME		Λc		
			6.3 STREET	ADDRESS	Ye ,		
STREET ADDRESS					1 3.3		
CITY-ST-ZIP			6.4 CITY-5	51-ZIP			

14. 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 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 of 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 proon an attachment with an address.