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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90054 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000071735**

1. Corporation Name
EL OASIS DE LOS ANGELES, INC.



Principal Place of Business
**3300 E. MEADOW CIRCLE
 MIRAMAR FL 33025**

Mailing Address
**3300 E. MEADOW CIRCLE
 MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

2. Principal Place of Business
21 1800 WEST 68th STREET

2a. Mailing Address
26 1800 WEST 68th STREET

4. FEI Number
27 EIN 65 0857139

Applied For
 Not Applicable

22 Suite 125

27 Suite 125

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

23 Hialeah, FL

28 Hialeah, FL

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

24 33014 25 USA

29 33014 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, MARIA C
 3300 E. MEADOW CIRCLE
 MIRAMAR FL 33025**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
D
 NAME **MILLER, MARIA C**
 STREET ADDRESS **3300 E. MEADOW CIRCLE**
 CITY-ST-ZIP **MIRAMAR FL 33025**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
D
 NAME **MILLER, JAY F**
 STREET ADDRESS **3300 E. MEADOW CIRCLE**
 CITY-ST-ZIP **MIRAMAR FL 33025**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: **Jay F Miller**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 305 828 0354
 Date Daytime Phone #

CR2E034 (1/98)