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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

S26616 DOCUMENT # 1. Corporation Name

OASIS HOMES INC.

(0)

FILED May 08 1997 8:00am Secretary of State



Principal Place of Business 10106 SW 114TH PL. MIAMI FL 33178-2576 US		Mailing Address 10106 SW 114 PL MIAMI FL 33178-2576						
					3. Date Incorporated or Qualified 01/18/1991		of Last Re 8/1996	eport
2, Principal Place	o of Business	2a. Mailing Address			4, FEI Number 65-0247761			oplied For of Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			May Be
23 Zip	Country	Zip	Country		8. This corporation has tiability for	intangible t	ax under s.	
24	25	29	30			Yes _		
	g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered A	jent	
	, OMAR K.		81	Name				
10106 SW 114 PL. MIAMI FL 33176-2576				Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
			83					
1			84	City			85 Zip (Code
				•		FL	1 1	
SIGNATURE SID	hart. Isped or printed name of registered	1) I HUW	NOTE Registered Age		poration submits this statement for the partion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE	7	
12.	ornorna i	DELETE	13.	······································	ADDITIONS/CHANGES TO OFFIC		Change	Addition
	MASRI, OMAR	,	1.2 NAME					L radiilo
	10106 S.W. 114 PL		1,3 STREET	ADODECO				
One (1 apartice)	MIAMI FL		1.4 CITY-S	1				
CHY SI- ZIF		☐ DELETE	21 TITLE	1-2IP			Change	Addition
NAME			2.2 NAME			_	,	
STREET ADDRESS			2.3 STREET	ADORESS				
CHY-ST-ZIP			2 4 CITY-S	T-ZIP				
T: ILF		DELETE	3.1 TITLE			Ţ	Change	Addition
NAME			3.2 NAME	1				
STREET ADDRESS			3.3 STREET	ADDRESS				
C(1Y - S1 - ZIP			3.4. CITY - S	T-ZIP				
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STREET ADDRESS			4.3 STREET					
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NAME CARLES AGRESSES			5.2 NAME	*DDDCCC				
STREET ADDRESS			5.3 STREET	į.				
CHY-SI-ZIP		DELETE	5.4 CITY - S 6.1 Title	I-ZIP			Change	Additio
TITLE		☐ precit	6.2 NAME				- vilange	Socialor
NAMI STREET ADDRESS			6.3 STREET	4Dtapege				
1								
CITY - ST - 712			64 CITY - S	1-615				

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 agricult 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blo

SIGNATURE: