

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUN 27 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 59850
1. Corporation Name

OXFORD LIMITED COMPANY

000001525730
-06/28/95--01053--002
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 820 E. COCOPLUM CIRCLE PLANTATION, FL 33324
Mailing Address: 820 E. COCOPLUM CIRCLE PLANTATION, FL 33324

3. Date Incorporated or Qualified: 06/14/1991
3a. Date of Last Report: 4/18/94

2. Principal Place of Business: 7737 CRENSHAW WAY
2a. Mailing Address: 12700 BISCAYNE BLVD.

4. FEI Number: 65-0284922
Applied For: Not Applicable

Suite, Apt. #, etc.:
27. SUITE #202

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

City & State: LAS VEGAS, NV.
28. N. MIAMI, FL.

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. 89129 25. Country
29. 33181 30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

8. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
16th FLOOR
MIAMI, FL. 33131

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DIP
NAME	GENISH SHALOM
STREET ADDRESS	820 E. COCO PLUM CIRCLE
CITY - ST - ZIP	PLANTATION, FL
TITLE	DISIT
NAME	GENISH SHOSHANA
STREET ADDRESS	820 E. COCO PLUM CIRCLE
CITY - ST - ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GENISH SHALOM
1.3 STREET ADDRESS	7737 CRENSHAW WAY
1.4 CITY - ST - ZIP	LAS VEGAS, NV. 89129
2.1 TITLE	DISIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GENISH SHOSHANA
2.3 STREET ADDRESS	7737 CRENSHAW WAY
2.4 CITY - ST - ZIP	LAS VEGAS, NV. 89129
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SHALOM GENISH 6/6/95 (702) 656-5955
Date: 6/6/95 Office Use: (702) 656-5955