

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S60098 (8)

1. Corporation Name
OXPECKER ENTERPRISES, INC.



Principal Place of Business Mailing Address
**9300 S PADELAND BLVD
STE 605
MIAMI F 33156
US** **9300 S. DADELAND BLVD.
SUITE 605
MIAMI FL 33156-2721
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
06/13/1991 **04/18/1995**

4. FEI Number Applied For
65-0269796 Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address

21 State, Apt. # etc. 26 State, Apt. # etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CAUSEY, DONALD M., JR.
9300 S. DADELAND
SUITE 605
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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 607.0609 and 607.1506, 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 *Donald M. Causey, Jr. - President*

12. OFFICERS AND DIRECTORS

11. NAME	P CAUSEY, DONALD M., JR.	<input type="checkbox"/> DELETE
12. STREET ADDRESS	9300 S DADELAND BV, 605	
13. CITY, STATE, ZIP	MIAMI FL	
14. TITLE		<input type="checkbox"/> DELETE
15. NAME		
16. STREET ADDRESS		
17. CITY, STATE, ZIP		
18. TITLE		<input type="checkbox"/> DELETE
19. NAME		
20. STREET ADDRESS		
21. CITY, STATE, ZIP		
22. TITLE		<input type="checkbox"/> DELETE
23. NAME		
24. STREET ADDRESS		
25. CITY, STATE, ZIP		
26. TITLE		<input type="checkbox"/> DELETE
27. NAME		
28. STREET ADDRESS		
29. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, STATE, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, STATE, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, STATE, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, STATE, ZIP	

14. I hereby certify that the information supplied 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: *Donald M. Causey, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)