

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 407116 (3)

1. Corporation Name
OSAT INTERNATIONAL CORPORATION



Principal Place of Business: **1320 SW 126 PLACE MIAMI FL 33184**
Mailing Address: **1320 SW 126 PLACE MIAMI FL 33184**

3. Date Incorporated or Qualified: **08/17/1972**
3a. Date of Last Report: **01/18/1995**

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.	4.	FEI Number 59-1424381	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	23	27	28	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	24	29	30	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	25	29	30	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**TAMAYO, ALBERTO
1320 SW 126TH PL
MIAMI FL**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 type or printed name of officer/director listed (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TAMAYO, ALBERTO 1320 SW 126TH PL MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, ALBERTO	1.2 NAME	
STREET ADDRESS	1320 SW 126TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD TAMAYO, FELIPA 1320 SW 126TH PL MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, FELIPA	2.2 NAME	
STREET ADDRESS	1320 SW 126TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD TAMAYO, IVETTE 1320 SW 126TH PL MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, IVETTE	3.2 NAME	
STREET ADDRESS	1320 SW 126TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	V TAMAYO, ALBERTO JR. 1320 SW 126TH PL MIAMI FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, ALBERTO JR.	4.2 NAME	
STREET ADDRESS	1320 SW 126TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Felipa Tamayo* *Act* **2/14/96** **592-7225**
DATE DAY/MONTH/YEAR DAY/TIME PHONE #

CP2E034 (12/95)