FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 2:23

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **482922** **(2)**

1. Corporation Name

OSAMAR INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2655 COLLINS AVENUE #712 MIAMI BEACH FL 33140	2655 COLLINS AVENUE #712 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1975**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1631256**	☐ Applied For ☐ 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	

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

SCHWARZ, OSCAR
3400 CORAL WAY
#600
MIAMI FL 33145

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 Section 607.1005, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE: PTD NAME: SCHWARZ, OSCAR, JR. STREET ADDRESS: 2655 COLLINS AVENUE #712 CITY-ST-ZIP: MIAMI BEACH FL	11 TYPE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TYPE: SD NAME: SCHWARZ, ELSA STREET ADDRESS: 2655 COLLINS AVENUE #712 CITY-ST-ZIP: MIAMI BEACH FL	21 TYPE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	31 TYPE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	41 TYPE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	51 TYPE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	61 TYPE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I further certify that I am familiar with and accept the responsibilities of 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 with an address, with an X in the box.

SIGNATURE: Elsa Schwarz ELSA SCHWARZ, SECRETARY 03/15/1995, 305-446-2055

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Telephone Number

0148029 CP